THE AMERICAN
JOURNAL OF NURSING

VOL. XVI MAY, 1916 No. 8

EDITORIAL COMMENT

THE TRAINING OF NURSES' AIDS

In the agitation that is prevailing over the country on the subject of preparedness, certain definite work is falling into the hands of the enrolled Red Cross nurses. Experience has proven in the war now prevailing in Europe, where history is repeating itself, that at no time can a government refuse such volunteer service as citizens with leisure and means at their command are anxious to give. In the Civil War, and even so short a time ago as the Spanish War, lack of proper organization among men and women giving volunteer service to the Government added greatly to the confusion and increased, in many instances, the suffering of the wounded because of the lack of skill of those endeavoring to minister to them. That such confusion may never exist again in our own country and that the people who will expect to give voluntary aid to the Government in time of national calamity may be prepared to give it intelligently, the American Red Cross, as we stated in our last number, is organizing hospital columns and classes in home nursing. An experience in starting such work in our own city may be helpful to nurses who are being called upon to organize these classes in other places.

Following the appointment of the medical staff for the base hospital to be established in Rochester, Miss Delano came to the city and held a conference with the local committee on Red Cross Nursing Service, outlining the plan of procedure which it should follow. She met all the enrolled Red Cross nurses, more than seventy, in an informal conference at the club rooms and also spoke at a public meeting held under the auspices of the newly-organized Red Cross Chapter and the D. A. R., arousing great enthusiasm among the younger women of the city who naturally would be in a position to give voluntary service to the Government in time of war.

The D. A. R. Chapter offered the use of a room in the chapter house as a class room, advancing the money for a complete equipment such as is recommended in the Red Cross textbook on Home Nursing. The Committee on Nursing Service appointed the instructor, selecting one of the nurses who had recently served under the Red Cross in England and Belgium. An official representative of the Nursing Service committee, who was also a member of the Executive Committee of the Red Cross Chapter, was placed in charge of all the Home Nursing and First Aid work who, in turn, appointed a special sub-committee to have special charge of the enrollment of the classes in Home Nursing.

The plan outlined by Miss Delano has been followed, by which some one young woman invites a number of her friends or associates to form a class of not more than fifteen members, the class selecting its own president. Application has then been made to the chairman of the sub-committee, who arranges the hours and takes charge of the class rolls and dues, thus relieving the instructor of many interruptions and much routine work. In some instances, where a class president has not been able to secure enough students, the sub-chairman has been able to combine several small groups or to place individuals, keeping the classes properly filled.

Newspaper publicity is absolutely necessary for the success of these classes and should be carefully directed. The papers have all been anxious to give publicity to the work and this has made it possible to concentrate the classes and to work so that a second set shall be ready when the first has finished. Four classes, of an hour and a half each, are all that one instructor can manage in a day. Some of the classes meet daily, others twice or three times in a week. Some are taking only the Home Nursing course, others the combined course in Home Nursing and First Aid, the latter subject being taught by a physician.

When the students have finished the courses, an examiner appointed from Washington will pass upon their qualifications and, with the instructor, will recommend to Washington those who have shown special intelligence and aptitude. These will then be enrolled as nurses' aids for the base hospital and there will be arranged for them some hospital experience of a practical nature.

The kind of service which these nurses' aids are supposed to give, as outlined by Miss Delano in her talk, is to work in the linen room, the diet kitchen, the laundry and to assist the regular nurses in the wards, in the serving of meals and in such other duties as will conserve the time and strength of the regular Red Cross nurses for duties requiring their special skill. The nurses' aids are not expected to assist in the operating room or to assume any responsibility for the higher nursing procedures. This is all to be volunteer service.

Some of our readers may object to the bringing in lay helpers to our Red Cross work, but unless nurses themselves take hold of this matter in the right spirit and keep the teaching and training of the nurses' aids in their own hands, under the supervision of the Red Cross, appreciating that the plan is a part of the great movement for preparedness and that in time of war or great calamity the Government must have such service, the whole plan may be taken up by other people and may become a menace to nursing standards and may give a tremendous setback to nursing progress. The Red Cross, which in a sense is the Government, has placed this work in the hands of its enrolled Red Cross nurses and it is for nurses themselves to make this service a tremendous power for good in the country. We must keep before us the idea that these courses, while they may be taken by any who wish them, are intended especially for the women representing leisure and wealth, to give them some degree of precision and obedience when under military orders.

THE ESTABLISHMENT OF CAMPS FOR NURSES' AIDS

Already a plan is on foot for a great camp in the suburbs of Washington, D. C., where nurses' aids can be given a knowledge of military life—how to live under canvas with the discipline and observance of proper sanitation which would be required in a camp. We understand that this project is meeting with most enthusiastic support and promises to become as popular with women of the leisure class as the camp at Plattsburg has been for men.

A SIGN OF THE TIMES

We have had of late an unusual number of requests from would-be students of nursing as to which school they should enter. The interesting thing about it is that the educated women, many of them college graduates, who wish to take up nursing, are coming to appreciate the fact that there is a great difference in the advantages offered by different schools. They wish to be sure that they are training in one which will assure them state registration, they wish to be eligible for membership in the Red Cross and the American Nurses' Association and they appreciate the fact that their superior educational advantages will be a tremendous asset in entering the nursing profession. When we do not know personally about the schools in regard to which inquiries are made, we refer the applicants to the secretaries of the boards of examiners of the states in which they are located. When we are asked to recommend a school, whether in a specified section or not, we give our endorsement only to those that we know are conforming to the very highest standards.

AFTER THE CONVENTION

When this copy of the JOURNAL reaches our subscribers, many hundreds of them will have just returned from the New Orleans convention, filled with the inspiration and the new outlook which come from such a gathering. We hope that in the interest that has been aroused in standards of education, etc., the members will not lose sight of the fact that the most important work of the American Nurses' Association today is the maintenance of the magazine which places these ideals before all its members without restraint from any other body of people and that they will realize that each member of the American Nurses' Association is equally an owner of the JOURNAL with all the other members and that all are equally responsible for its success. The first obligation of each member is to help in the development of its subscription list and to send for its pages articles, items and photographs which tend to keep the whole profession, especially nurses in isolated places, in touch with medical and nursing progress.

NEWS FROM VIRGINIA

Many of our readers will remember the discussions that took place years ago at our national meetings on the subject of sick insurance for nurses which resulted in the abandonment of the insurance plan as being too unwieldy for a national association and in the establishment of the Relief Fund of the American Nurses' Association. We learn that the Graduate Nurses' Association of Virginia (the state association) has established an insurance fund for its members whereby with an annual payment of $10, a nurse, if ill, may receive the sum of $10 a week for six weeks, upon the receipt of a doctor's certificate stating that the illness is sufficiently severe to incapacitate her for duty. The association began this new venture with a small capital derived from its sick benefit fund, but with one thousand members in the state and with reasonable coöperation, those having the matter in charge feel confident that the matter is going to work successfully.

Last year the same association assumed the responsibility of building a small cottage for the use of nurses at the Catawba Sanatorium, a state institution, the attention of the Richmond nurses having been called to the fact that there was an average of six nurses constantly at Catawba. A cottage accommodating seven patients has been erected and has been made as homelike as possible. It is under the direct management of the Sanatorium and is planned for the benefit of both pupil and graduate nurses, those from other states being accepted if they have worked in Virginia for six months. The sanatorium is on

the pavilion plan and the cottage offers greater privacy than do the regular pavilions. The charge is a moderate one and every effort will be made to make the nurse patients as comfortable and happy as possible.

COUNTRY CLUBS

The club house which was erected at Los Gatos, California, by the San Francisco Nurses' Association, although so beautifully located and so attractive in its appointments, was found to be so far away as to be inaccessible for the use of its members. It has been sold to good advantage and another house purchased just across the bay at Sausalito.

Two years ago we noted in these pages the establishment of the Haven County Club at Nyack on the Hudson for the benefit of nurses and other groups of professional women. This has grown in membership and popularity until its membership now numbers 686 and includes eight hospital training schools whose pupils have club privileges. Not only is the situation beautiful and the house cheery, but it proves to be within a reasonable distance from New York. The membership list includes Miss Maxwell, its president, Miss Wald, Mrs. Helen Hartley Jenkins and other well-known women in our profession.

TRAINING IN THE GIVING OF ANAESTHETICS

Both the JOURNAL and the Department of Nursing and Health are receiving an increasing number of requests from nurses who wish instruction and training in giving anaesthetics and who do not know where to turn to get it. In the Post-Graduate Hospital in New York City, where such a course is given, the number of nurses who can be admitted is limited and the large number of those applying cannot be considered. We should be very glad to know of other hospitals anywhere in the country in which a satisfactory course is given, in order that helpful advice may be supplied those who ask for it.

PROGRESS OF STATE REGISTRATION

Virginia. The State association has an amendment to its nurse practice act before the General Assembly; the most importance feature is the broadening of the recognition of training schools to include the best private hospitals.

FRAUDULENT AGENTS

In the February number of the JOURNAL we advised our subscribers in regard to placing subscriptions to the JOURNAL with strange solici-

tors, making it plain, that there were fraudulent agents working among training school pupils and graduates, who did not turn the money over to us. One of these agents, who has been operating under the name of Belmont, and whose name is really Bellman, has been arrested in New York City and is now serving a two-year sentence, having defrauded other magazines as well as our own. It was due to the sagacity of one of the social service nurses in New York that he was apprehended. This young man has a brother at large who was associated with him who is still operating under the name of Jean DeLisle or of George Belmont.

We wish to urge again that our subscribers should send their money directly to this office. Our only authorized solicitors are trained nurses who are well known in their communities and who always can show credentials if desired.

AN APOLOGY

We owe *The Trained Nurse* an apology for publishing in our April number an article, Segregation of the Defective Delinquent, which had appeared in that magazine for January. We understood from the letter which accompanied the manuscript that the contribution was intended for the JOURNAL exclusively. Most of our readers understand that it is a breach of journalistic courtesy to offer the same material to two magazines at once, but occasionally some one fails to grasp the ethics of the situation.

ASEPTIC NURSING OF INFECTIOUS DISEASES

By SARAH C. BARRY, R.N.

Providence, R. I.

On the first day of March, of the year 1915, the Providence City Hospital completed its fifth year in aseptic nursing of infectious diseases. During that period, it can not be admitted, it is true, that there has been no cross infection nor that none of our nurses or of our employees contracted the diseases, but it can be definitely stated that in some cases there had been direct contact, while in others it is impossible to determine accurately what occurred. The number, moreover, who did contract these diseases has not been far in excess of the number of those who contracted the same diseases in a general hospital where there is no treatment of similar cases.

It may be of interest to the nursing world to give an exposition of our method of treatment, an explanation of our rules and regulations, and to present the following tables setting forth the number of nurses who have cared for these diseases and who did not contract them, though they had not an acquired immunity; of the help employed, their places of employment and who have been ill with the diseases.

TABLE I

Nurses

Pupil nurses	353
Graduate nurses	46
Attendant nurses	25
Total	424
Contracted chicken pox	0
Had had chicken pox	173
Question	2
Contracted diphtheria (1 graduate, 19 pupils)	20
Contracted Klebs Loeffler bacilli: not ill (pupils)	9
Came with positive cultures (pupils)	9
Had diphtheria	64
Question	2
Contracted measles	0
Had measles	335
Question	3
Contracted mumps (pupils)	2
Had mumps	184
Question	2

Contracted rubella (2 graduates, 2 pupils)	4
Had rubella	50
Contracted scarlet fever (1 graduate, 19 pupils)	20
Had scarlet fever	121
Question	1
Contracted smallpox	0
Had smallpox	1
Contracted Vincent's angina	0
Had Vincent's angina	1
Contracted whooping cough	0
Had whooping cough	211
Question	2

TABLE 2

Help

Butchers	3
Dining room maids	21
Dormitory maids	11
Kitchen maids	49
Laundry helpers	24
Nurse maids	10
Orderlies	30
Porters	15
Sewing room	5
Ward maids (tuberculosis ward)	21
Ward maids (infectious disease wards)	39

Two ward maids contracted scarlet fever; both were working in the scarlet fever ward. One we know had direct contact by taking fruit from a patient and eating. Two maids in the laundry, also, contracted scarlet fever, but neither had handled contaminated clothing. One nurse maid contracted both scarlet fever and diphtheria. One porter was ill with mumps.

We have handled the following cases:

Chicken pox	48
Chicken pox with other disease	1
Diphtheria	1,370
Diphtheria with other disease	62
Diphtheria carriers	26
Gonorrhea ophthalmia	1
Gonorrhea vaginal	6
Laryngitis	30
Measles	372
Measles with other diseases	58
Mumps	24
Mumps with other diseases	2
Noma	10
No diagnosis	17

No disease	34
Other diseases	215
Rubella	58
Rubella with other diseases	3
Scarlet fever	1,114
Scarlet fever with other diseases	93
Syphilis	773
Tonsillitis	196
Tuberculosis pulmonary	617
Tuberculosis pulmonary with other diseases	3
Typhoid fever	3
Typhus fever	4
Variola	5
Vincent's angina	6
Vincent's angina with other diseases	9
Whooping cough	117
Whooping cough with other diseases	24

METHOD OF TREATMENT, RULES AND REGULATIONS

One may ask, What is the method of treatment employed in this institution in aseptic nursing of infectious diseases? What are its rules and regulations?

In beginning, I might say that the nurses from the various wards go to the same dining room. A nurse caring for scarlet fever may sit side by side with a nurse caring for diphtheria, measles, tuberculosis or smallpox. In the dormitory, with few exceptions, each nurse has her own room, but no attempt is made to keep certain rooms for the nurses from the different wards. They are allowed to go to each other's room, may go down town, call on their friends, in fact, are allowed all the privileges that the nurse at the general hospital is given and our diseases have never been carried by nurse or maid. I might add that the maids, also, go to a common dining room and when off duty are permitted to go where they choose.

Cultures from nose and throat are taken of everyone going to work, in any line. We give no immunising doses of antitoxin, but everyone is vaccinated who has not been within ten years.

Before entering the ward, the nurse and nurse maid change their uniforms; by that we mean, dress, apron, bib, and collar; the cap is worn only in the ward, is of medium size, and is not intended to cover the hair. Each nurse is provided with two lockers in a dressing room, one for the uniform worn in the house, the other for ward uniform. Each building has a dressing room. Large kitchen aprons, which are worn while on duty, are provided for the ward maids. In going into the administration building the nurse and nurse maid must take off the ward

uniform and wash their hands and faces in running water and soap. They are then ready for their house dresses. The ward maids wash their hands and remove their aprons. Any pure soap is used.

There is a scarlet fever, a diphtheria, a tuberculosis ward and four wards in which any disease is taken. I might say that we have cared for cases of rubella and measles in our scarlet fever ward; tonsillitis and Vincent's angina in our diphtheria ward, without transmitting the diseases. Although we do not plan to keep such cases in our so-called straight wards, we have found it necessary at times on account of lack of room in our isolation building.

The nurse in caring for a patient wears a gown, is not allowed to touch her face or hair without washing her hands, and it is against all rules to allow a patient near her face. Should she or a patient accidentally touch her face or hair, she must first wash her hands in running water with soap and nail brush, which is used on palms and nails, then wash her face, go over with alcohol, 65 per cent that part of her hair touched, and when off duty she must give her hair a thorough soap and water wash.

Soap, running water and a nail brush are used after handling the diseases except measles, smallpox, chicken pox and mumps. For these, in addition to the thorough soap and water wash, the hands are immersed one minute in a solution of Isal 1–250. It may be noted that many things may be done for the patient without making use of the gown, but this privilege is granted only to the graduate nurse. Minor duties, such as collecting dishes, must be performed even by the pupil nurse without the gown.

All dishes and medicine glasses are boiled ten minutes before they are washed, in fact, everything that touches the patient's mouth or that is used in the care of the ear, nose or throat is boiled. Thermometers are kept in alcohol 65 per cent. Rubber sheets, ice caps, etc., are washed with soap and water, kept out of doors twenty-four hours, and are then ready for the clean supply or will be used on any case that may be admitted.

The corridor, operating room, kitchen and linen press in each ward are kept clean, that is, we do not handle anything with contaminated hands. Each nurse is expected to know what she needs before beginning her work, but if she should be careless in this, she cannot go to the linen press to take anything without washing her hands, removing her gown, a thorough soap and water washing of her hands, a nail brush being used, and drying them; she may then procure what she needs. A clean towel must be used each time that the hands are washed.

In conducting an operation it is possible to contaminate solely the operating table, the instrument table and the stool for the etherizer. In cleaning the room, goods handled are sterilized, the clothing used on and around the patient is sent to the laundry, the instruments are boiled and everything that touched the patient or anything belonging to him is washed with soap and water, and the room is clean.

The charts are kept in the corridor, are handled only with clean hands and are sent direct to the office after the patient is discharged. Night reports, ward reports, drug lists, etc., are brought by the night nurse to the main office every morning.

The patients are kept in side rooms for seven days; if everything is satisfactory, they may then go to the ward. If, however, we are doubtful of the case, if the cultures are reported positive in scarlet fever or negative in diphtheria, the child is "barriered" and kept in the side room. If a history has been obtained of exposure to any disease, the child is also "barriered" and kept in a side room until the incubation period of said disease is well over. In these so-called "barriered" cases, I may state, that a gown, a thermometer, etc., are provided for each individual patient, if in the same room; and the same care is taken of the hands between the cases as if each were a single-room patient.

In cleaning a room after a straight case, the mattress and pillows are put out of doors during the day; anything that is needed in the ward, however, may be used, but cannot be put into the clean supply until care has been taken of them. Thermometers are placed in alcohol 65 per cent ten minutes; rubber goods are washed with soap and water and kept out of doors twenty-four hours while those that are used around the mouth, nose or ears are boiled. Any linen may be made use of in the ward, but cannot be placed in the linen press until sent to the laundry. After a "barriered" case, the mattress and pillows are sent to the steriliser; all linen, to the laundry; everything which can be boiled, is boiled ten minutes; other things, except thermometers, are washed with soap and water, kept out of doors for twenty-four hours, and everything in the room that it was possible for the patient to touch is washed with soap and water. We air the room as long as possible, but often we have not been able to give more than five or ten minutes. In our strict isolation ward we have single rooms and the same care is taken of them between cases as the room of the barriered case in our straight wards.

The same technique is not carried out in the care of tuberculosis patients as in the other infectious disease wards. Gowns are used in handling the sick patients and the nurse must change her dress in coming into the administration building, for her own protection.

We keep scarlet fever cases for twenty-eight days; they are allowed to go home regardless of desquamation, but they are not allowed to leave, with permission, while they have discharging ears or nose. There must be no discharge for a week before dismissal. Diphtheria patients must have two successive negative cultures and no discharge from nose or ears. Measles cases are discharged the tenth and rubella the fourteenth day.

The day before the patient is due to leave, he is given a soap and water bath, the hair is washed with soap and water; in scarlet fever, the patient's nose and throat are sprayed with Dobell's solution, 1–4, clean clothing is used and he is placed in a clean room. The nurse wears a clean gown while giving the discharge bath. The next day, when the friends of the patient arrive, his own clothing is brought into his room, he is dressed and given into the custody of his people.

In conclusion, then, some may be inclined to think and say, after reading this paper, that the work involved in the aseptic nursing of infectious diseases at the Providence City Hospital is of a most arduous nature. Yes, most assuredly, it is arduous, but by having concentration of mind in one's work it becomes quite simple. Length of time in the service, as may easily be comprehended, brings with it, at least in most cases, efficiency and success.

Whether one deems the work laborious or not, all must agree, it seems to me, that having equal freedom, whether we care for smallpox or an appendectomy, it is well worth the trouble, if such it may be called, of keeping one's mind on one's work.

ETHICS AS APPLIED TO THE WORK OF THE SCHOOL NURSE BY THE CHICAGO STAFF

II. By GENEVIEVE CONWAY

A perfect understanding between principal and nurse is most important. The nurse must possess a broad mental view and must be slow to take offense. Not infrequently, on account of educational supervision, the nurse finds her plan of work interfered with. It is then the part of wisdom to change her program for the time being, thereby showing her adaptability and gaining the good-will of teachers and principal.

Social visiting during hours on duty should be eliminated. The nurse's efforts will undoubtedly receive greater appreciation if she is businesslike in her methods.

ETHICS AS APPLIED TO NURSING

By SARA E. PARSONS, R.N.

Boston, Mass.

All things, therefore, whatsoever ye would that men should do unto you, even so, do ye also unto them.

You will remember in your *History of Nursing* that Dr. John S. Billings of New York was consulted about a code of ethics for nurses and that he said, "Be good women, but don't have a code of ethics," and nurses never have formulated a code of ethics, but an understanding of what is meant by ethical conduct is very essential. Dr. Richard Cabot's definition of ethics is "doing what you ought to do" and a very good definition it is too. It is not easy, however, to know always what one ought to do, especially while one is young in experience.

Our duties to our patients, the doctors and to our own consciences often conflict. When we begin to consider differing points of view, we are bewildered and many a young nurse has exclaimed, "Oh, why wasn't I told what I ought to do in these situations?" It is easy enough to lay down dogmatic lines of conduct, but we find that if we follow them the results are often not satisfactory. It is impossible for anyone to tell us just what we must do in any given situation, there are so many circumstances to be taken into consideration. The Golden Rule will help us out of our difficulties more often than anything else.

In considering conduct there are certain faults that seem to be character defects and once attached to a nurse, disqualify her for work of nursing. Stealing and lying certainly come under this category. An uncontrolled temper and gross immorality of any kind preclude nursing as a suitable occupation. The nurse comes into too close contact with people and her professional relations with them are too intimate and responsible to permit of experimentation with characters that are not reliable. The faults for which nurses in training are most often criticised are usually due to lack of home training or to thoughtlessness.

Student nurses are (like other young women) often inconsiderate of others and show it by not picking up after themselves, by leaving dirty bath tubs, borrowing without permission, etc. Thoughtlessness and selfishness show themselves in the nurses' homes and on the wards in much the same way.

Although they enter training schools voluntarily, after a period of

probation, knowing the rules and what is expected of them, many are very careless in the observance of some of the rules, such as the retiring hour, eating on the wards, coming on and going off duty punctually, etc. Approximate accuracy satisfies the standard of many and it is surprising to one who has been brought up to regard truth as an exact statement of fact, to find how many seem to be able with a clear conscience to evade precise accuracy in the record of temperatures, baths given, medicines administered, etc.

There is too often a feeling that it is quite permissible to deceive and that the sin is in being caught. What constitutes real loyalty is often not fully understood. Most pupils cannot justly estimate their obligations to the hospital, the officers of the school, the physicians, their fellow students and the patients, in their relations one with another. It is far too common to find after some nurse is detected in some flagrant offense and has been "caught" in wrong-doing by some officer, that the nurses in general have been discussing among themselves the conduct of the offender. It may and does happen that nurses are sometimes graduated and have left the hospital before the officers of the school will hear what has been the subject of common gossip for months. It is then too late to protect the reputation of the school.

Then there are some students who will confide to the internes when they have been corrected or disciplined for any fault, even though they really know such correction was merited. It is not that they dislike their head nurses or their superintendents, necessarily, but the sympathy of the doctors is soothing and they probably do not realize that they are planting seeds of dislike in the minds of the doctors against the training school officers, which lead to misunderstanding and distrust oftentimes that is quite unmerited and unreasonable.

That the student does not intend to be disloyal is quite true, but all who have had experience in large hospitals, where the internes come in close association with the students and head nurses, but see little of the other officials, know that there is usually a good deal of active antagonism on the part of the internes towards the administration. It is not that the young men prefer to be unjust and antagonistic, for often I know their intentions are quite the reverse, but they have no opportunity to get any point of view other than that which is conveyed to them by a superficial observation of the relations between student nurses and training school officers and what they are told by the students.

The most common criticisms of graduate nurses are indiscretion of speech, extravagance in use of materials, carelessness in use of property, lack of judgment concerning social and business affairs.

It sometimes seems unjust that these faults are often remembered and spoken of when the nurse has been skillful, kind and unselfish in the care of her patient, but the small (comparatively) faults often do obscure the greater virtues. The virtues are taken for granted and, to quote Dr. Cabot again, "We may be grateful that people do expect so much of us."

Many nurses in private practice find it hard to adjust themselves in the family. They are not of the family, they do not belong to the domestic staff and they need badly to know where they do belong, because the family is usually sadly at sea and the nurse who expects to be invited to eat with the family, is as bad as the one who consents to be classed with the servants.

Some nurses do not know whether or not to concern themselves with the morals of the patient and family if she finds herself with people whose moral standards do not conform to her own. The hardest situation of all is probably when the nurse finds herself subject to the orders of a doctor whom she cannot respect and, in some instances, where she knows the patient is actually a victim of the doctor's incompetence. If the nurse herself is efficient and conscientious, this is indeed a most trying situation, requiring wisdom, tact and courage.

The nurse who finds herself in a family where she is the innocent victim of a jealous wife's suspicions, or the object of an unscrupulous husband's attention, is also in a position that calls for discretion and wisdom, that a young, inexperienced nurse may not possess.

The private nurse has probably more difficult ethical problems to solve than her institution sister or the nurse in any other line of nursing work, but the other nurses are not without their perplexities.

She who finds herself, after graduation, in an environment that is entirely different from the school where she was trained, is often shocked at the conditions, which may seem to her very inferior to what she is accustomed to, and if she can keep a level head and look well about her before she commits any indiscretion in word or act, she is fortunate. The tendency is to jump at conclusions, to judge and criticise hastily and to attempt revolutionary changes before the psychological moment has arrived when it is wise to do so. She is liable to make unwise confidences and a bad selection of friends at the beginning. Most dangerous of all for the nurse is to have favorites or confidants among the doctors and this in small hospitals is often hard to avoid.

The most impressive fact about nurses' misdemeanors is the triviality of the common offenses and that the things for which they are criticised would be entirely overlooked in any other occupation. It is greatly to the credit of nurses as a class that the trained nurse so seldom figures

in any serious scandal. Confronted with the ordinary deviations from a perfect line of conduct, it is worth while to seriously consider all possible methods whereby we may hope to bring ourselves up to a higher level.

When we realize that in one family children of the same parents may differ so much in their temperaments and habits as to make it seem incredible that they have all enjoyed the same inheritance and have been nurtured in the same environment, how can we hope to make our nurses who come from all walks of life, are of all nationalities and of all religions, conform even approximately to the model that time and custom have held up to us as the ideal nurse? Future papers will deal with this problem in some of its phases.

HOW CAN GREATER COÖPERATION BE GAINED AMONG THE NURSING STAFF

By ELIZABETH M. FULLER, R.N.

Cleveland, O.

Hand in hand with the rapid advancement in medical science during the last few years, has come the increased and incessant demand upon the nursing staff for prompt and intelligent coöperation. With a uniformity of nursing methods the head-nurse of the ward can by aptly applying herself, prove of great value to the hospital and the training school by evincing a keen interest in the detail work of the pupils. If an occasion arises whereby a head nurse can cite or show a ward case whose malady, treatment or medication follows appropriately with lectures or instructions being received by pupils assigned to her ward, just so much greater is their understanding on that particular point in their course and one more step is gained towards coöperation and the oneness of purpose in the entire system. The head nurse by inspiring her nurses with a thirst for practical knowledge, by enforcing the ethical principles and by creating an atmosphere of obedience, punctuality, thoroughness, and by a hearty coöperation in all that pertains to the ward or the hospital in general, can be of inestimable value as a factor toward better coöperation.

THE TEACHING OF MATERIA MEDICA

By A. S. BLUMGARTEN, M.D.

New York, N. Y.

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THE PLAN OF THE COURSE

Materia medica and pharmacology are subjects which are well nigh protean in their applications. They may be studied from a number of view points, depending on the use the student is to make of the knowledge. The phase of materia medica which interests the pharmacist is of little value to the physician, while the branch of the subject that interests the industrial chemist is of no interest to the nurse. For the nurse, materia media and pharmacology have their own peculiar phases. These subjects must be taught them, then, from their standpoint. Those essentials, only, should be emphasized which have a direct bearing upon nursing. At our institution I have found the following plan of procedure to give the best results. The course is divided into three parts:

(1) A preliminary course in materia medica and pharmacology;

(2) A course on solutions;

(3) A course in general materia medica and pharmacology.

The preliminary course and the course on solutions are given consecutively about the middle of the first year. The general course in materia medica and pharmacology is given throughout the second year.

THE PRELIMINARY COURSE

The preliminary course consists of a series of six didactic lectures which are given in the middle of the first year of training to a class of about thirty pupils and treats the subject in a very elementary fashion. We have found such a course necessary because the pupil nurses serve their first night duty at this time. While on such duty, they frequently have to administer potent remedies, to prepare their doses and handle poisonous drugs. It is essential, therefore, for the nurse to be prepared for this work by an elementary course. She is thus prepared to carry out orders more intelligently and to avoid serious mistakes.

In this elementary course only the very rudiments of materia medica, pharmacy and pharmacology are studied. The course begins with a

general consideration of medicinal substances, their classification, their derivation, their characteristics and their various pharmaceutical preparations. This is followed by a study of active principles, types of action, local effects, general effects, methods of administration, etc. Then a few local remedies, emetics and cathartics are considered; special emphasis being laid upon their administration. Stimulants used in emergency work are now taken up in the following order: caffeine, camphor, digitalis group, adrenalin, atropine, strychnine, etc. Only the effects produced in such emergency use, the preparation of correct doses, methods of administration and toxicological effects should be emphasized from the standpoint of the practical nurse. This is followed by a discussion of anaesthetics, emphasising especially the preparation for anaesthesia and the after-care of the patient. Hypnotics are then studied; stress being laid upon the various methods and time of administration. The importance of their use only when general nursing measures have failed should be emphasized. One entire lecture is then devoted to morphine which should be discussed rather in detail but in a very rudimentary manner. The course should end with a discussion of antiseptics from a practical point of view.

It should be firmly impressed upon the minds of the pupils throughout the elementary course that all potent remedies should be handled and administered with extreme care. The nurse should be taught from the outset to keep the medicine chest in proper order. Her medicines should be systematically arranged in the closet and the potent remedies kept in a special compartment. I emphasize in almost every lesson the necessity of examining the label of every bottle at least three times before administering its contents. In the calculation and measurement of a dose of medicine she should be taught to verify the result of the calculation and the accuracy of her measurement by frequent repetition of the process. She should know the limitation of the dosage so as to be able to detect an error of this kind. These latter points should be thoroughly emphasized by frequent repetition until care and precision in the handling of drugs become the nurse's second nature.

In the study of the pharmacology of the drugs considered in the elementary course the practical effects of the substances as they occur on the actual patients to whom such remedies are usually given should be emphasized. Special attention, too, should be given to the possible toxicological effects. The detailed study of the preparations, the pharmacy, the pharmacology and administration of the drugs studied, as well as of those not included in this course, should be left for the more extended course to be given in the second year.

THE TEACHING OF SOLUTIONS

It is generally agreed that the subject of solutions properly belongs to the domain of materia medica. Solutions have always been the stumbling block of teacher and pupil alike. On the pupil's part this is largely due to the fact that by the time she enters the training school she has become estranged from the principles of elementary arithmetic. The teacher's difficulty, however, has been the lack of a systematic arrangement of the subject and the absence of simple methods. The study of solutions should be preceded by such principles of arithmetic and elementary algebra as enter into the calculation of solution problems. In my experience I have found the following arithmetical principles to be those generally applied in the calculation of solutions:

(1) The addition, subtraction, multiplication and division of fractions;

(2) The determination of the least common denominator;

(3) Decimals;

(4) The principles of proportion.

Before taking up the study of solutions proper, the class should be thoroughly drilled in these principles until they can solve with the greatest ease all problems which involve such principles.

Solutions are best studied in a laboratory especially equipped for such work. Thus the pupils may be taught every practical detail in the actual preparation of solutions, the preparation of doses of medicine, as well as the actual calculations involved. The course on solutions should also include a study of the principles of physical chemistry governing solutions, as well as the biological principles governing absorption, excretion, etc.

The study of solutions should begin with the consideration of the systems of weights and measures; both the apothecaries' and the metric. It is especially important to thoroughly familiarize the pupils with the metric system. This system is now official in this country as well as throughout the world and it has the advantage of simplicity and uniformity. Many pupils frequently find considerable difficulty in thoroughly understanding the method. I believe this is due to the manner in which the subject is usually taught. The student should not be suddenly confronted with the practical metric units of weights and measures which are used in medicine and pharmacy. It is better to gradually develop these units by a preliminary consideration of the units for measuring length, surface, volume, etc. The pupil is thus taught to visualize the practical units as actual tangible weights and measures. I have found the chart of metric weights and measures

published by the Department of Commerce in Washington a very valuable aid in teaching the system. The study of the metric system should be supplemented by a study in the methods for translating metric doses into their apothecaries' equivalents and vice versa.

We should now test the ease with which the pupil nurses are able to read metric and apothecaries' quantities, their facility in reading such doses properly and their ability to correctly translate doses from one system into the other.

The pupil is now advantageously prepared to study solutions proper and the various methods for their preparation. The study should begin with definitions, types of solutions, nomenclature, saturation, supersaturation, etc. This should be followed by a study of various methods of preparation. At our institution I have obtained excellent results by dividing all solutions into the two following groups:

(1) Solutions for external use.

(2) The preparation of doses for hypodermic or internal use.

In preparing external solutions I believe the method based on proportion to be the easiest and simplest. These methods give the pupil a concrete idea of the relation of the solute and the solvent. Before taking up the rule to be applied in each case the underlying principles should first be studied and then the rule gradually developed from these principles. I believe all problems in solutions and the calculation of doses should be solved by means of pencil and paper. It is so important to avoid mistakes and to obtain the correct results that the solving of the problem should not be left to the uncertainty of mental calculation.

The method consists of writing the problem in the form of a proportion, representing the unknown quantity by X; then of multiplying both means and both extremes and, since both products are equal (according to the rules of proportion), we determine the value of the X. The external solution should be taken up in the following order:

(1) Solutions made from stock tablets;

(2) Solutions made from stock powders;

(3) Solutions made from stock solutions.

SOLUTIONS MADE FROM STOCK TABLETS

For example, take a problem where the nurse is required to prepare 1:5000 solution when she has 0.5 gm. (grs. viiss) tablets. In how much water is it necessary for her to dissolve such a tablet to prepare such a solution?

By representing the unknown quantity of water by X and expres-

ing the known facts of the problem in the form of a proportion, we have:

$$0.5 : X : : 1 : 5000$$

since, whatever be the amount of water to use, the 0.5 gm. tablet must have the same ratio to it as 1:5000.

By multiplying both the means and extremes of the above proportion, and since both products must be equal, we find:

$$X = 2500$$

therefore the 0.5 gm. tablet should be dissolved in 2500 cc. of water.

SOLUTIONS MADE FROM STOCK POWDERS

In a similar manner, we may apply the method of proportion to the preparation of solutions from stock powders. In such problems the quantity of fluid to be made up is definitely known or may be left to the judgment of the nurse. The unknown element in all these problems, however, is the amount of stock substance to be used.

For example, a nurse is required to prepare 500 cc. of a 3 per cent boric acid solution. How much boric acid powder is to be used in making up such a solution?

In this example we represent the unknown quantity of powder to be used by X. We know that whatever be the quantity of powder that this X represents, it will have the same ratio to the 500 cc. of fluid to be prepared, as 3 is to 100, since the required solution is to be a 3 per cent solution. Expressing these facts in the form of a proportion we have:

$$X : 500 : : 3 : 100$$

Multiplying both extremes and both means and since both products are equal,

$$100\,X = 1500$$

therefore

$$X = 15$$

15 gms. of boric acid powder will have to be added to 500 cc. of water to make up a 3 per cent solution.

Frequently the nurse is required to prepare a solution from a stock substance when the amount of solution to be made up is not stated. In such instances she may use her judgment and arbitrarily prepare a quantity of solution sufficient for the particular purpose required. For example, the physician orders an ear to be irrigated with a 3 per

cent boric acid solution and such a solution is not available. The nurse knows from her experience that she will probably need about 500 cc. of such a solution. She may then take 500 cc. as the amount of solution to be prepared, and solve the problem in the manner outlined above. On the other hand, suppose the nurse is ordered to wash out a stomach with a 5 per cent bicarbonate of soda solution. Her experience should teach her that for such a purpose 5 or 6 pints of such a fluid would be necessary. Accordingly she should take 2500 or 3000 cc. as the amount of solution to be prepared, and solve the problem in the manner ontlined.

In teaching the methods of proportion we frequently find that some pupils find it difficult to work with X, the unknown quantity. This is due to the difficulty experienced by many pupils with a limited preliminary education of thinking in abstract terms. We can overcome this obstacle by making the X as tangible as possible.

Suppose we have written a problem in the form of a proportion and we discover that some of the pupils find it difficult to understand. We then rewrite the problem, replacing the X by a diagram of a large bottle containing an unknown quantity of fluid (represented in the diagram by an interrogation mark) in case it is desired to find the amount of fluid to be prepared. Or, if we desire to find a definite quantity of powder to be dissolved in a given amount of water, we replace the X in the proportion, by a diagram of a dish of powder in which the quantity of powder is represented by an interrogation mark. In this way we make the X a tangible substance with an unknown factor which is to be determined.

The following example will illustrate the application of the method: in the instance described above where it is desired to find the quantity of water in which the 0.5 gm. tablet is to be dissolved to prepare a 1:5000 solution. We represent the problem in the form of a proportion thus:

$$0.5 : X : : 1 : 5000,$$

where X represents the unknown quantity of fluid to be used. If the pupils find this difficult to understand, we rewrite the problem in the following way:

0.5 :  : : 1:5000

Multiplying both extremes and both the means and since both products are equal, we have:

= 2500 cc. which is the amount of fluid contained in the bottle.

Similarly, the problem above described where we desire to know how much boric acid powder is to be used in preparing 500 cc. of a 3 per cent solution. Expressing the problem as a proportion thus, X: 500: : 3: 100, the X representing the quantity of boric acid to be used. Should the pupils find such a problem difficult to understand we rewrite it in the following form, substituting a dish of powder for the X, thus:

 : 500 : : 3 : 100

Multiplying both extremes and both means and since both products are equal we have

100 ×  = 1500

= 15 gms. which is the amount of boric acid contained in the dish.

SOLUTIONS PREPARED FROM STOCK SOLUTIONS

In preparing a required solution from a stock solution I have devised the following rule which greatly facilitates the calculation of the amount of stock solution to be used:

Multiply the solution required, written as a fraction, by the stock solution, also written as a fraction but inverted, by the number of cubic centimeters to be prepared. The result is the number of cubic centimeters of the stock solution which we are to add to the required amount of water.

This rule is merely the expression of the value of X, the unknown amount of stock solution to use, if the problem is worked out according to the method of proportion. Since the solving of such a problem by the methods of proportion is rather complicated for the average pupil nurse, it is simpler to solve it according to the rule outlined above. In presenting the rule to the class, however, the logical steps by which it is derived should be demonstrated. The pupils are thus enabled to understand it better and nothing is left to the imagination.

The simplicity of the rule and the facility with which it enables us to solve practical problems are readily shown by a study of the following problems:

The nurse is required to prepare 5 pints of a 1:10000 solution of silver nitrate from a 10 per cent stock solution.

The required solution is 1:10000; written in the form of a fraction it is $\frac{1}{10000}$

The stock solution is a 10 per cent solution; written in the form of a fraction it is $\frac{10}{100}$ and inverted it is $\frac{100}{10}$

The quantity of solution required is 5 pints or 2500 cc.

According to the rule, multiplying these quantities together in the form described above, we have:

$$\frac{1}{10000} \times \frac{100}{10} \times 2500 = 2.5 \text{ cc.}$$

which is the quantity of 10 per cent silver nitrate solution to be added to 2500 cc. of water in making up a 1:10000 solution.

(To be continued)

A DEMONSTRATION ROOM

By ANNA R. BLOOMFIELD, R.N.

Syracuse, N. Y.

For many months, we had talked and talked and talked again of a demonstration room. We fully realized the importance as well as the necessity of having one, but *where* to have it was the question. Possibly others may have done as we did, for a time, and have depended on finding a vacant room and using a willing or an *unwilling* probationer as a subject; if so, you will understand what it meant for a very busy person to be obliged to gather together the various things and arrange them each time as needed for demonstrations. We finally decided we *must* have a room that could be used exclusively for such purposes.

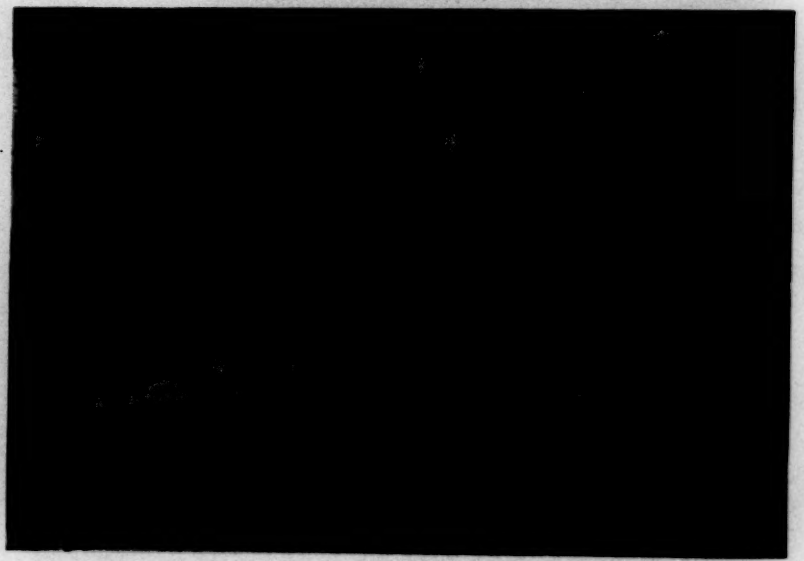
On the third floor of the hospital, over the Children's department, was a room that at one time had been used for developing pictures, but had later been used as a store room. How we had the courage even to think of it as a demonstration room, such a hopeless proposition as it appeared, I cannot now imagine, but having a superintendent with a wonderful amount of courage, which was much needed, we set bravely to work. Were I to write "The Evolution of a Store Room" it certainly would apply to this, except that it did not develop by slow stages, the change was so rapid we scarcely realized when the store room ceased to exist and the demonstration room began. I am sorry I cannot show pictures of "Before and After." I am sure they would prove interesting. However, to describe it, the room being under the roof—slopes on one side, it is unceiled, the rough beams being very much in evidence. The skylight proved to be a very good asset, but the dark room was quickly torn out, leaving the small sink which with the addition of new nickel faucets looks very presentable. Shelves were built along one side and then the entire room was whitewashed. Fortunately there was a fairly good floor and a radiator.

The room completed, we made a list of what we thought necessary articles but we find from time to time additional things suggest themselves as we go on with the work. However we have what is really a comfortable and convenient workroom.

I will give in detail a list of the furnishings and equipment needed for work:

Two beds, one full size, on which reposes our "Chase Hospital Doll;"

A DEMONSTRATION ROOM: FIRST VIEW



A DEMONSTRATION ROOM: SECOND VIEW

a child's crib, in which we hope soon to have a "Baby Chase Doll;" a large work table; small, oblong, enamel, glass-covered table; steamer chair and 2 straight chairs; bed cradles, poles for douche can, back rest, electric plate, trays for glasses, large mixing spoon, sauce pan, table and tea spoons, egg beater, glasses and medicine glasses, drinking tubes, bottle brush, urinal brushes, large and small funnels, asbestos mats, bath basins, dusting basins, solution bowls of various sizes, kidney basins, instrument trays, dressing tray set up; catheter tray set up; hypodermic tray set up; thermometer tray set up; soap dish, tooth mug, foot bath, cotton jars, drop light, whisk broom, bread board, scrap basket; two pails for ice coil; douche and enema cans, douche pan, bed pan, urinal, hot water bags, ice bags, bedding of all kinds, bath blankets, towels, wash cloths, leggings, perineal straps, sterile towels, T-binders, restraining jackets, sultetus, restraining bandages (padded), 4-tailed binders with opening for ice cap for chest, covers for ice caps, covers for hot water bags, bath and dairy thermometers, hood for out-of-door treatment; sand bags, rubber sheets, dressing rubbers, stupes and stupe wringer, solution flasks, tooth picks, cupping outfit.

We keep in stock: mustard, flour, flax seed, talcum powder, salt, boric acid, alcohol, back wash, bichloride, shampoo, green soap, iodine, blanket tablets.

We have not many instruments, so at various times we send a few extra ones up for special demonstration. A Murphy-drip apparatus, intravenous set, hypodermoclysis set, we have not as yet in the room; those we also send up as needed. Otherwise we manage very well and as there is a bath-room on the same floor, it aids greatly in giving packs, etc.

While our room is not at all ideal, it is in itself a good practical demonstration of what can be done with an apparently hopeless proposition. I have given this brief outline by request. Perhaps others who are in small hospitals and are placed as we were, may have a room stored away which looks as ours did; if so, I would say that it is well worth the effort to fit it up. Its real comfort and pleasure I cannot describe, but we felt as if we would like to live in our room. The labor was only for a short time, the expense could easily be covered by $100, and while this room of ours may not be a "Thing of Beauty" it certainly *is* a "Joy Forever."

THE PRIVATE DUTY NURSE AND HER WORK[1]

By MARY HOLLEMAN, R.N.

Norfolk, Va.

I think that all private duty nurses agree with me that the great, good women who have given and still are giving their lives so nobly in service and succor to suffering humanity and who have contributed and still are contributing so magnificently towards making the nursing profession what it is, are to us the embodiment of the ideal nurse, a fair vision ever before us. Although many of us have striven for years to attain some of the heights on the way to her realm of achievement, yet some of us, my humble self included, still find ourselves this side of the half-way mark. However, we are not discouraged, for the vision of our ideal beckons to us as a guiding beacon, inspiring us with ever fresh strength, fresh courage, fresh zest to overcome the numerous obstacles which we encounter almost daily in our pathway, and so we are tireless in our efforts, patiently striving to reach our goal, impelled by the desire to accomplish things worth while, to make every day count in our work and to make our work such as to enable us to feel that we are not wasting our lives, but that we are finding comfort and happiness in the knowledge that in our deeds we are giving relief, comfort and happiness to others.

In the beginning of the world's history, work was considered the symbol of man's punishment. Since then it has become the secret of man's happiness.

> Work thou for pleasure. Paint or sing or carve
> The thing thou lovest, though the body starve.
> Who works for glory misses oft the goal;
> Who works for money coins his very soul.
> Work for the work's sake then, and it may be
> That these things shall be added unto thee.

We realize that the present progressive era and all its modern movements, which continually open new fields of interest to women, also open new avenues of activity to the trained nurse. It therefore becomes essential to broaden our view point and to develop our mentality in every direction in which progress is changing conditions. To be successful as individuals, as well as an organization, we must have the right perspective of existing conditions of the present time, taking cognisance

[1] Read at a meeting of the Virginia State Nurses' Association.

of the possibilities of the future, in which we are guided by our experiences of the past.

Efficiency is indeed indispensable in every phase of our work, and in its train follow with equal importance economy, adaptability, tact, patience, perseverance, etc. In order to find our work crowned with success, it must be conscientiously and well done, even to every minute detail. In our daily efforts we must constantly seek opportunities to perfect ourselves, always bearing in mind that life is a training school for all mankind, in which we learn wisdom and gain knowledge day by day, making the most of the great Master's blessings, to His glory and honor.

Some few of us make the great fundamental mistake of being, generally speaking, constantly on the alert for what we can get out of life. We think that life owes it to us to yield us a certain amount of pleasure and enjoyment, and never give a serious thought as to what we are putting into life; whether we are giving the very best that is in us, giving it generously, without reserve, so as to be true blessings to those whom we serve in a professional capacity, as well as to those with whom we associate in private life.

The majority of us, after finishing an excellent course of three or four years' training, become private duty nurses. During our period of hospital training we devoted ourselves diligently to the study of various branches of medicine, besides receiving with aptitude the best practical instruction in the art of nursing, but as we enter upon our career of private duty nursing, we are chiefly called to the home. Then we find the splendid methods we acquired at the hospital and which proved to be entirely adequate there, have to be modified and adjusted to home conditions in order to be practicable. We find too that to dive into the mysteries of human nature, a study for which we find ample opportunity, becomes almost imperative.

As we enter a home, no matter whether it happens to be a mansion or a hut, it is, as a rule, to our advantage to observe the conditions, the circumstances, the atmosphere, the attitude of the people of that home. It is just as important to ascertain the patient's state of mind and temperament as it is to minister to the needs and comforts of the body. The patient's family occasionally proves to be a most trying factor to deal with and even the servants, if there are any, come in for consideration. Besides, the attending physician must be given evidence that we are worthy of his confidence. In coming into the midst of a household we ought to use much tact and discretion so as to avoid giving the impression that we are a foreign element, a stranger with strange ways. Rather, we should cause the family to feel

that we have come as a friend, to comfort, to help, to cheer; that it is our mission, our pleasure, to render assistance where we can and to help to lighten their burden without causing any disorganization; thus we may use our influence unobtrusively to bring the home conditions as far as possible, under the circumstances, to a normal state, though this is sometimes a difficult task to accomplish under adverse circumstances.

And oh, the homes of the needy, where it is ofttimes almost impossible to procure necessary supplies and comforts for the patient, especially when out in the country! Occasionally a nurse finds two, three, or four sick people in such a home. In many instances we are obliged to resort to all kinds of improvising, our resourcefulness and originality being taxed to full capacity. No doubt many of us have exercised our ingenuity along this line until we feel that we might be entitled to a patent on some of our inventions, or in other cases to a medal for the heroism which we are sometimes called upon to display without being conscious of it as such, or having it recognised as such by others. From personal experience I have, in various instances, found it necessary to scrub floors and furniture, usually the first thing after giving the patient the most necessary treatment and attention, to wash the patient's bed-clothes and towels, or when there was practically no bed linen, etc., to procure and use such suitable rags as I could find. Often I have found that unless I did the cooking there would be no food fit for any human being to eat and in one instance I actually milked the cow. Again I have screened windows and doors with mosquito netting (which I usually had to procure with my own money); improvised all kinds of sanitary measures so as to render my own existence and that of members of the household fairly safe from contamination; contrived refrigerators with boxes and sawdust; devised various appliances for treatments, such as steam baths and hot packs; fought all kinds of vermin; built fires and carried wood or whatever could be used as fuel; and done many little things which it takes too much time to tell. I know that every private nurse has had similar experiences.

There are so many homes where unsanitary, filthy conditions, poverty and destitution exist, largely due to ignorance and mismanagement. Here we can use our influence to stimulate in people the desire and ambition to practice system and economy as well as cleanliness and sanitation in their daily lives and surroundings. A good influence often works wonders if tactfully and judiciously exerted.

There is one thing we must avoid by all means, and that is gossip. We should avoid as much as possible talking on nursing subjects or telling patients, their families, or friends about former patients, their

homes or ailments. I have found that patients, as soon as they are convalescent, as well as members of their family, are sociable and love to talk to the trained nurse, sometimes asking her to tell them of experiences she has had with former patients, etc., which no doubt might be quite entertaining to some people and occasionally even thrilling. However, I try not to let people lead me into talking "nurses' experiences," but I feel that since convalescent patients as well as members of their family, like, as a rule, to talk to the nurse, she should be able to converse intelligently on all subjects that might be of interest to them and also prove herself an interested and sympathetic auditor. I am always very glad to give people any information or advice that they may wish pertaining to their comfort, health, housekeeping, or any other subject in which I can help them; in turn I like to make them feel that I, too, am learning from them, that I am interested in them and their surroundings. I must confess that thus I have enriched my humble store of meagre knowledge, have broadened my vision of life's horizon and I trust that I may be granted the privilege of doing so further.

A nurse's ability to apply herself easily to every condition, to be able to fit into every setting on life's stage, is her greatest asset, but it stands to reason that this is not always very easy to accomplish. To live and serve under trying and strange conditions, as is frequently the case, and to retain our equilibrium and amiable frame of mind taxes our strength and endurance considerably, and it requires a great deal of fortitude, firm determination, and high resolve to carry through the task before us with kindness and sympathy until finished, without giving way to our natural inclination, which would be the desire to give up and go home. It is, therefore, very important to get sufficient time off duty, not only for needed rest, but also for mental relaxation. To readjust our mental balance is as necessary as to rest our weary bodies, but to obtain sufficient rest is the greatest problem the private duty nurse has to face. Occasionally it is impossible for her to leave her case at all, in instances where there is no one in the family who can relieve her, even for a little while. It is indeed trying to render efficient service when one's system is poisoned with fatigue, and as ours is a work fraught with grave responsibilities, we should make every effort to obtain sufficient rest both physical and mental to render us fit to perform our duties to the satisfaction of ourselves and of others. In this connection people are sometimes thoughtless. They do not mean to be inconsiderate, but in their anxiety and worry over loved ones they forget that the nurse also is human and requires sleep and relaxation. When on duty in a hospital, or when people are able to have two nurses

for a dangerously ill patient, such problems do not arise, yet few people especially in the country, are able to have more than one nurse; in many instances they really are not able to have even one without making many sacrifices; again, if they really are able, they feel that they are doing their part amply in employing the one and sometimes she is expected to nurse the whole family. It is, however, very often our privilege to enter homes where it is a joy to serve and to meet those with whom it is a pleasure to be so closely associated. We feel like ministering to them with our heart in every deed and know ourselves to be better women for having known them. Very often they remain our best and staunchest friends through life and we derive much happiness and help from such pleasing associations. These are some of the bright scenes, the high places in our career.

Most people are of the opinion that the private duty nurse is well paid, but if one considers from a business standpoint that we practically work both night and day on most cases; that it requires three and four years' training, besides first obtaining a good general education, to fit ourselves for our profession; that we only last about ten years as a private duty nurse; that we are obliged to lose time, sometimes much time, between cases; that we cannot depend on a fixed income from our work, then our compensation may be considered very small.

However, we should and could be more careful as to how we spend our income. We ought to be more systematic in saving, more economical in living. There is no doubting the fact that some of us are extravagant and to some degree wasteful. Each one ought to have a savings account of some kind. I have made a rule for myself that no matter how small my income, I don't quite spend it all. I keep a monthly account of all my expenditures, as well as my income, and at the close of each year I balance my little book and know exactly where I stand as far as bread and butter is concerned, how much I can and ought to give to my church, etc. I found during my first two years of private duty nursing that, although I was kept busy, I did not save a penny nor contribute to church, missions, nor any charitable cause. I could not account for much of the money I had spent, so I resorted to a little book-keeping and it has aided me greatly in keeping my expenses at a minimum, as well as in saving a little each year and in having something to give. Many of us are unbusiness-like and have no system about our mode of living. I think every woman who works for a living, whether she be dependent upon it or not, and every housekeeper ought to live on a business basis. Some of us claim that we can spend and do with our income just as it pleases us; that it concerns no

one but ourselves. However, when rainy days come along, and they are likely to come into everybody's life, we think it concerns everyone to help take care of us, if we are not able to do so ourselves. Every nurse ought to look ahead and guard against being absolutely penniless, should sickness and misfortune overtake her. Those who have others dependent on them find it almost impossible to save anything above their living expenses, therefore all who are so situated should at least have sick benefit insurance for protection in case of illness. I took out insurance soon after I graduated and I have never regretted it, but have found much comfort in the sense of its protection.

We find that our foremost statesmen and educators are continually trying out new methods whereby they may obtain a more economical and efficient form of government, better legislation, better laws. Our leading business men and financiers are adopting better business methods, in which efficiency, economy, and expert training play a very important part; this all makes for a more efficient and economical mode of living. Unless some of us who are private duty nurses make stronger efforts in practicing economy, both in our professional work and in our private life, we shall eventually find ourselves sadly out of harmony with the rest of the world.

To summarize, in order to fill some of the modern requirements of the competent and successful nurse, we must be efficient, must practice economy conscientiously, both in our patients' and in our own interests, adapt ourselves to circumstances and conditions, and must serve our fellow-man in humility and loving kindness.

Life hath its cares,
And whoso bears
The burden of its years,
Until the end must hourly blend
Its laughter with its tears.

NURSING IN MENTAL AND NERVOUS DISEASES[1]

By MAY KENNEDY, R.N.
Kankakee, Ill.

Since the days of the Christ, man of Nazareth, the hearts and minds of men have been influenced to acts of mercy and charity. That pure, gentle and sympathetic character has inspired men and women with the liveliest interest in the alleviation of the pain and suffering of their fellow men. The inspiration from this wonderful example of love and pity for the afflictions of mankind has led many noble men and women to give their time and means to the building and maintaining of wonderful hospitals where the sick and infirm may be taken care of. All branches of medicine have been considered. Some have been treated with more consideration and thought than others.

The field in which I am particularly interested has been considered, but the scientific men have not given it the thought and attention that have been given to other fields. It is only during these past few years that men of learning have taken a great interest in the cause of insanity. Just to become a little more familiar with its progress, we will briefly glance at the past history of the treatment of the insane.

In the very early times, when the old Egyptian rule was swaying the world, we hear of the humane and scientific care given to the insane. The priests and priestesses, along with their spiritual remedies, advocated and ordered their patients to be given healthful recreation and suitable occupation. They were to be interested in music, nature and art. The Greek medical school, also, employed the more gentle methods which are used even today, such as out-door life, music, games and hydrotherapy.

It was in the Grecian school that the brain was first conceived to be the seat of insanity. The records and clinical description written at that time, more than 2000 years ago, compare very favorably with those of today. As powers changed, medical science seemed to retrograde and the knowledge of insanity grew less. The humane treatment was gradually changed and forgotten and the care of the insane took on a new form. It was no longer considered a disease of the mind, but a condition in some way relating to the spiritual being of the

[1] Read at a meeting of the Illinois League for Nursing Education.

persons; the individual was possessed of an evil spirit and the symptoms were recorded as wilful demonstrations of sinfulness. They were driven from home, ostracised by relatives and friends and were forced to seek shelter in caves and hollow trees. Sometimes they received spiritual treatment. Long pilgrimages were made to shrines of some patron saint who was believed to have great influence in the work of mental restoration. Many wonderful cures have been attributed to this practice.

This was succeeded by the witchcraft period, perhaps the most horrible in the records of the care of the insane. Many of these poor, unfortunate people were burned to death, others were scourged and tortured in the vain hope of expelling the demons and liberating the victims from the powers of darkness. There was, however, during this dark age, one bright spot; the monks at Saragossa were giving the mentally deranged humane treatment and were using the open air treatment, as advocated in modern times.

Gradually a movement was begun to segregate the insane into communities under the control of the public. One of the first institutions of this kind was the Bethlehem Hospital in London. The treatment received in this hospital was little better than that of the witchcraft period. There the patients were most cruelly restrained, secluded and in some cases tortured. Large fees, amounting to several hundreds of dollars, were collected each year from permits to see and laugh at the excited and raving patients confined in their cells or in the open court-way.

The beginning of a more humane era in the treatment of the insane came when Dr. Pinel took charge of the Paris Asylum for Incurables. His first movement was an appeal to the Parisian Assembly for permission to remove the fetters and chains from the unhappy beings under his charge. After much deliberation, he was reluctantly granted the opportunity to try a few cases.

There is, perhaps, no more touching picture in history than that of this kind-hearted man releasing the unfortunates from the bonds and fetters which had encircled their bodies for years.

A little later this reform was begun in England. These were the real steps towards scientific treatment. The insane came to be looked upon as unfortunate human beings stricken with a terrible disease. Scientific men turned their attention to the study of insanity. Many new and strange devices for its treatment were adopted. The chains were replaced with wooden cribs with leather and canvas restraints.

These were followed by chemical restraint, that is, the use of drugs

which quickly produce a stupor and temporarily have a quieting effect upon the patient, but which will eventually retard his improvement.

The latest movement is the abolition of all restraint, both mechanical and chemical. With these changes came the need of the trained nurse and attendant. The guards of the Bethlehem Hospital type are no longer needed, but have been replaced by the trained attendant, who is instructed in the proper treatment of his patients. This brings us to the treatment and care as given today and the part the trained nurse is taking in making this of the highest standard.

Nursing the insane, if done well, covers the most difficult field of nursing. The first great thing requisite in a nurse for the nervous and insane is the capacity for making her patients trust her. She should never practise deception of any kind with the idea that by so doing she can change or dispel their delusions. Nervous patients have such an intense craving for sympathy that if a nurse by her manner shows a kindly interest in them, shows by her actions she is honest with them, that she is willing to listen to their story, a great step is gained.

From the nurse's viewpoint, we may classify the patients in a hospital for the insane into five classes: (1) The recent and acute cases; (2) the physically ill or hospital cases, who are receiving special medical and surgical attention; (3) the infirm, feeble, childish cases; (4) the chronic cases, those which have been in the hospital for some time and are of a nature which run a long continued course; (5) the disturbed cases, which may be either acute or chronic.

You will note that the classification has been made according to conditions rather than psychosis. The recent and acute cases are undoubtedly the hardest to handle. The maniacal, delirious, the homicidal and suicidal depressed, call for the best possible care. Many people unacquainted with this class think they are to be feared, that they are unappreciative, that they do not realise their surroundings. This, of course, is not so. Many have a very clear understanding of their environment. They enjoy games and other amusements. Many are interested in music and can converse intelligently on various subjects. The attitude of the nurse towards these patients should be the same as that towards any sick person. She should possess tact, patience and vigilance. She should never make light of any peculiarity, nor attempt to argue them our of their delusions. She should be well versed in simple occupations, such as kindergarten work; familiar with many games, and interested in nature study so that she will be able to entertain and keep her patients occupied, thereby changing the train of thought and getting her patients out of their gloomy, depressed moods.

She must have a thorough knowledge of mental diseases so as to understand the meaning of symptoms as they appear.

The moods of patients change so rapidly that she must be constantly on the alert to prevent any action which might be of serious moment to the patient himself, to another patient, or to those caring for him. She must be able to observe with keenness and report accurately, for upon her report to a great extent will depend the diagnosis as well as the treatment of the case.

The second and third classes are the physically ill cases. The feeble and infirm require the same attention as those suffering with a physical or surgical ailment. The nurse caring for these cases must have an intelligent knowledge of the principles and practice of general nursing.

The chronic demented untidy cases require the most careful attention. Nursing them is the most unpromising and takes the greatest amount of personal care. The nurse's task resolves itself into the mere attempt to stay the progress of disease and supply the bodily wants neglected through the patient's loss of mind. She must see that her patients are well nourished, for upon the nourishment depends to a great degree the preservation of whatever faculties are left. She must carefully watch the bowels and guard against the retention of urine. The personal hygiene of the patient is very important. Frequent baths should be given. The patients should be encouraged as far as possible to take care of themselves and to take pride in their general appearance.

The nurse should plan regular amusements, consisting of simple gymnastics and games suited to their demented states. With the amusements should go useful occupations which are easy and can be accomplished by patients of that class.

Last there is the highly disturbed class. In this class we find both chronic and acute cases. One of the first essentials in nursing the disturbed and excited is to get the patient's mind away from himself and to get him interested in something else. This something else will depend upon the individual; it will be a subject he is interested in. Study him; find out his likes and dislikes; encourage one and avoid the other. Perhaps there will be no interesting topic; then the nurse must create a new interest in something.

In the care of this class of patients at the present time hydrotherapy is very extensively used. This consists of the continuous bath, the pack, neutral, hot or cold, depending upon the effects desired, the sprays and Scotch douches. Hand in hand with hydrotherapy we see massage,

which is greatly used for its soothing effects; consequently, a nurse of the insane must have some knowledge of these two branches of therapeutics. An important qualification for the nurse of all types of mental diseases is that of observing and reporting symptoms. To be able to observe intelligently and accurately and record the symptoms is of untold value to the physician. The nurse should adopt a method by which her observations are to be made; in this way she will not omit or forget the many little actions which are of much importance to the physician.

The following is an outline which may be used by the nurse in her observations. It is almost an exact copy of one made by Dr. Henry W. Miller, Clinical Director of the Government Hospital for the Insane, Washington. In making her observation as to the mental condition she would consider first the general attitude and behavior of the patient. This could best be ascertained by the following questions:

1. (a) How did the patient behave when admitted? (b) Is he quiet? (c) Is he dull or sluggish? (d) What does he do throughout the day? (e) In moving about is he slow or hesitating? (f) Is he excited in any way? (g) If so, in what manner? (h) Does he talk much when quiet or excited? (i) Is he ever seen in peculiar positions? (j) Is there any difficulty in getting along with him? (k) How does he get along with the other patients? (l) Is he neat and tidy in appearance? (m) Does he dress himself without assistance? (n) Does he attend to his personal wants? (o) Is he happy or depressed, composed or fearful, agreeable or irritable? (p) How is his appetite? Any peculiarity about his eating?

2. As to orientation: that is, as to time, place and person. Does the patient realize the time, the year, day and hour it may be? The place in which he is living at the present time? Does he realize who persons are? Or does he think that the nurse is a relative, perhaps his daughter, etc.

3. Memory may be tested by asking questions regarding recent occurrences, such as, How did you come here? How long were you in coming? With whom did you come? What was done with you after you came?

4. Hallucinations and delusions may be discovered by noticing if the patient alludes to voices which he has heard or interprets a certain object to be something altogether different from what it really is.

5. Delusions are detected when conversing with the patient if he seems to express false ideas regarding things of which the nurse may have some knowledge.

6. The patient's speech should be noticed and the nurse should be

able to describe and give example of patient's voluntary speech. If he talk without questions, say so; if not, give the questions and the answers. Does he answer questions? Does he do so promptly or slowly?

All the above questions have a certain significance which the doctor will use in his diagnosis, therefore the nurse must be very careful in reporting or recording the answers to the questions precisely as the patient has given them.

From the foregoing, you have no doubt noticed the many qualifications I have enumerated. Nurses who come up to these requirements are difficult for us to find and it is more difficult to induce them to enter the service. Many experienced superintendents tell us that the graduates of general hospital training schools are failures in hospitals for the insane. They give various reasons for their opinion. In my experience I have found the same to be true. This condition is true, I believe, because in a majority of cases the better general hospital graduate does not come to us. Those who are a failure with us probably would be failures elsewhere. Many graduates of general hospitals, though the number is limited, are doing excellent work in the state hospitals. I think to do the most efficient work, the two types of nursing should be considered.

There should be close affiliation between the general hospitals and those for the insane. This, too, as far as this state is concerned, has been a failure. Not much has been done, but the attempt was not a success, as far as I know, for either hospital; neither was satisfied with results. I do not know just where the trouble lay, but I do feel that it could be made a success and both schools could be benefited. To make such an arrangement successful would require careful planning, each curriculum should work into the other. At the present time the hospitals of our own state have a fairly well-equipped system of training. I hope the day is not far distant when the state hospitals can have affiliations with the general hospitals where their students can receive training in those branches in which they are deficient. I also think the general hospital nurses should come to us for at least three months' work with the insane. This latter, at least for the present, should be optional, but it should be encouraged by the superintendents of the training schools. A very carefully planned course should be given by the state hospital, so that the work would be worth while and interesting to the general hospital student.

In this state we have no special course in our training school, but I think we should have. Perhaps in the near future such a course may be established.

We become greatly discouraged at times. Nursing the insane and conducting training schools connected with hospitals for the insane are difficult and extremely trying. Yet the work is interesting and I believe if we put our hearts into it, our work will last. We may not see the results, but our efforts will be the foundation of the realization of those ideals which we are striving to attain.

A COVER FOR TRAYS

By IRENE MORTON

Kingman, Kans.

If one has even been a bed patient in a hospital and had a dainty tray of tempting food brought to one, only to find, upon tasting, the viands cold and disappointing, one will as never before realize how really necessary to the patient's recovery as well as comfort, is the minutest detail pertaining to the diet.

Perhaps small hospitals, where it is necessary for the trays to be carried directly from the kitchen to the patient, instead of from the diet kitchen to the patient, will find the following a practical and economical way of having the food as warm when it reaches the patient as when it leaves the kitchen.

Have your tinner construct of sheet tin or zinc, a cover along this order: he probably will have some scraps of material which he will be glad to dispose of in this way, if not it can be purchased for a very small price at a hardware store. A flat piece of tin the same shape and a trifle smaller than the tray is soldered at right angles to a strip of tin, as long as the perimeter of the flat piece and six or eight inches wide. The ends are united in a smooth seam, making a cover light in weight, tall enough to cover the tallest dish and setting evenly just inside the outer rim of the tray. The top should have a small hole through which steam may escape and a short piece of tin may be soldered in place for a handle.

We have a dumb waiter which carries four trays at once, so we found four of these covers sufficient for our needs, and the four of them cost us a trifle over one dollar.

By exercising care in drying them each time, they do not require washing after each meal so do not add very much to the work in the kitchen, as they are kept stacked on the back of the tray table.

DISEASES OF THE EAR, NOSE AND THROAT

By CHARLES R. C. BORDEN, M.D.

Boston, Mass.

FOURTH PAPER

It is said that one person in every twelve has diminished hearing to some extent. Doubtless such a statement is more or less true. This is unfortunate, inasmuch as deafness is to a large extent preventable.

Deafness arises from a variety of causes. In adults, it is often traced to an attack of scarlet fever or measles earlier in life. In another class, it has come about slowly, varying from day to day, but gradually becoming worse. In a few cases, the deafness comes suddenly and advances rapidly in spite of all efforts to prevent it.

Marked deafness in childhood is usually a temporary affliction. During attacks of scarlet fever and measles, it frequently is present for a few days or weeks, but it usually passes with the acute catarrhal symptoms of the disease. Children who suffer marked aural destruction seldom have immediate deafness. They may be free from it for a number of years; but in the end, the resulting scars and adhesions will cause permanently diminished hearing.

Deafness during an acute otitis media is often quite pronounced. I recently had a case in a four year old child in which it was very marked. The deafness persisted for a few days and gradually disappeared. In a short time the hearing was normal again.

Deafness often precedes acute otitis media, remains while the process is active and passes away as the inflammation subsides. When an active inflammation is present, the deafness is to be more or less expected and the treatment should be directed toward the inflammation and not toward the deafness. Defective hearing in childhood is a positive symptom of some abnormal condition in the nose or throat. Removing the cause will almost invariably restore the hearing, provided, of course, the deafness is not due to tissue destruction in the middle ear.

Children who exhibit the symptoms of defective hearing when they have head colds, should be examined for adenoids. The examination should be made by a specialist and not by the family practitioner. I know of a great many cases where the child was pronounced to be free from adenoids when the opposite was true. The writer has three patients with mastoiditis in three hospitals at the prseent time. In all

probability they would not have been so unfortunate if the adenoids had been removed before the middle ear was attacked.

Children who breathe perfectly through the nose may have sufficient adenoid tissue to cause deafness, otitis media and mastoiditis.

The most common form of deafness among adults is the chronic catarrhal type. This is a disease of the middle ear which is characterised by a thickening of the drum membrane and a stiffening of the joints and ligaments between the little bones of the ear. The disease originates in the throat and passes up the eustachian tubes. The degree of deafness depends upon the extent of the disease and upon the length of time it has been present. In the early stages it is slight and is rarely noticed. Later it becomes sufficient to cause considerable embarrassment and inconvenience to the patient. A very significant feature of this type of catarrhal deafness is that it varies from day to day. This is a hopeful sign as well as a valuable point in diagnosis. A varying deafness usually responds well to treatment.

Patients whose hearing is affected by head colds are in danger of ultimately becoming deaf. Ringing in the ears, noises like the ringing of muffled bells or escaping steam, are early symptoms of chronic catarrhal deafness. Such noises may be present more or less all the time or only during a head cold. They are symptoms of importance and should not be neglected. Another early symptom is the inability to hear in a general conversation between a number of people. It is much more difficult to hear well in general conversation than it is to hear when talking with one person alone. Inability to hear clearly in a theatre or church is also an early symptom of this disease.

The most positive test in the diagnosis of chronic catarrhal deafness is the ability to hear better by bone conduction than by air. This test is conducted by means of a suitable tuning fork. Persons suffering from this trouble will often not hear the fork at all well by air conduction but will hear very plainly when the handle of the tuning fork is held against the bone behind the ear.

Chronic catarrhal deafness is the most hopeful of all the types of diminished hearing, as it is the one which best responds to intelligent treatment. If it be diagnosed early, much may be done for it. If allowed to progress year after year until much of the hearing is gone, the results are disastrous.

The treatment of chronic catarrhal deafness consists principally in removing the cause. Blowing out the eustachian tubes was the former method of treatment. Today it is not much practiced. Such treatment may be indicated in a certain few cases, but as a routine practice it is ancient history with the aurist who treats such cases successfully.

A careful examination of the nose or throat will usually determine the abnormal condition. The common causes of deafness which are situated in the nose are deflected septums, polypi, acute and chronic sinus disease, and the various forms of rhinitis which cause an unequal breathing space in the nasal cavities. Over-secretion in the nose is especially apt to be followed by trouble in the ears.

The causes of deafness which are situated in the throat are, adenoids, diseased tonsils, acute and chronic naso-pharyngitis, etc. It is commonly supposed that adults do not have adenoids. Such is far from the truth. Adults over forty or even fifty years of age occasionally have adenoid tissue. They also frequently have a swollen, mushy inflammation of the naso-pharynx which is much the same as the condition of swollen adenoids. This type of patient is usually made much worse, so far as the hearing is concerned, by head colds.

Thousands of deaf persons have been allowed to grow slowly worse because the physicians in charge of their cases have neglected to diagnose and remove the cause. Treatment of the middle ear and the eustachian tube alone is useless. The patients improve somewhat for the time being, but they will derive little or no benefit in the end.

Deafness which develops during an attack of scarlet fever or measles, with or without middle ear disease, may justly be supposed to result from an abnormal condition in the nose or throat, as well as from the disease. When patients have recovered from the illness, they should be examined with care as to the throat and nasal conditions.

Deafness arising from diseased nerves is a difficult matter to treat successfully. Infantile paralysis causes such deafness, which is usually hopeless.

There is another form of deafness, which is apt to run in families and which is also incurable. It usually comes early in life and progresses in spite of all efforts to prevent it.

A moderate degree of deafness is troublesome, but a truly deaf person has met with a calamity. On the whole, the totally deaf are more unhappy than the blind. The blind after a time accept the affliction and are usually quite happy. Totally deaf people never become reconciled to their misfortune, but are almost always greatly disturbed because they fancy others are talking about them. Even the most sensible persons are unable to free themselves from this suspicion. They suspect even their sons and daughters of saying all manner of dreadful things about them and no amount of explanation will quite free their minds of this unfortunate idea.

Some very pitiful cases of deafness are seen in specialists' offices mong persons who are obliged to give up their occupations because of

their inability to hear. The busy business world has little use for workers whose hearing is gone, and their places are quickly filled.

It is our duty to warn every person who has the premonitory symptoms of deafness to consult promptly the proper authorities before the case becomes difficult or hopeless.

In this article the writer has several times stated that marked deafness seldom occurs in childhood. That is to say, anything approaching total deafness is practically unknown except in connection with the nervous diseases. On the other hand, a moderate degree of impaired hearing is quite common. Parents and teachers are often unaware that so serious a handicap to school work is present. Formerly such children were believed to be backward or stupid. Great injustice has been done to children in this respect. School examinations, as usually conducted, are of necessity very imperfect. Backward or inattentive children should be examined by specialists particularly with a view to the presence of adenoids. The presence of adenoids cannot be detected by exterior observation. There is but one sure method in doubtful cases; viz., digital examination of the naso-pharynx.

In the large cities there is already a marked improvement in the number of cases of aural disease in the younger people. The wholesale removing of adenoids and tonsils has much to do with it.

Parents also are learning to call a physician early in cases of aural disease. The future will show a still further improvement in this respect.

A USEFUL BUFFER

By A. G. SCOTT, R.N.

Ottawa, Canada

Although our modern hospitals have swinging and usually knobless doors, there are still many with knobs, requiring some provision for protecting the wall against which the door swings. An ordinary spool, stained to match the woodwork and fastened with a large-headed nail, serves the purpose, at small expense to the hospital.

THE TRAINING OF NURSES FOR THE LARGER TOWNS AND SMALLER CITIES[1]

By GEORGE THOMAS PALMER, M.D.

Springfield, Illinois

In meeting the tuberculosis problem from its medical side, two very important problems present themselves for solution. One is: What can be done to so interest physicians in tuberculosis that they will equip themselves to make early diagnoses of the disease? The second is: How shall we obtain nurses satisfactorily trained to meet the requirements of the average community? One of these problems is quite as important as the other. The discussion of both is of the utmost importance because there is no immediate promise that either will be solved.

When anti-tuberculosis work was first established in the smaller communities, all of us, with our inherent deference to great cities, were of the opinion that metropolitan training would qualify a nurse for small-town service. This opinion was heartily concurred in by the metropolitan nurses themselves. A brief period of experimentation convinced us of the smaller communities that we were wrong. Nurses trained in New York, Boston and Chicago, unless they were women of remarkable intelligence and unusual adaptability, were not prepared to meet the problems of the larger towns and smaller cities. In the experience in my own town, it has usually required from three to six months of relative inefficiency for a city-trained nurse to adapt herself to our local conditions and even then, the six months not infrequently ended in disappointment not only to ourselves but to the nurse. This is not said in any way in criticism of the nurse, as a rule she has struggled splendidly against the inadequacy of her training and her failure has come as a very bitter pill.

But why should she have expected to succeed? She had been trained in a general hospital where, if my experience in hospitals has taught me anything, she had been instructed to obey directions unquestioningly. Her later experience had been in a general visiting nursing service or a tuberculosis nursing service where, if it was a good organization, she was fitted into a narrow groove, performing certain limited functions, with some one above her to do her thinking for her and to

[1] Read before the Mississippi Valley Conference on Tuberculosis, October, 1915.

give her instructions. If, in the course of her work, she came upon a case requiring material relief; if she met with a family involved in legal difficulties; these cases were assigned, with no thought upon her part, to the associated charities and the legal aid society. If a patient needed hospital care, that was provided. If the tuberculosis sanatorium was required, that institution was at hand. A general dispensary and a tuberculosis dispensary were waiting to be of service. Whatever the agency of relief, the nurse was required to go no further than to recommend and her recommendations were not usually made to the relief agency, but to a supervising nurse who is herself a subordinate. In this way, the visiting nurse, in her work in a large city, does not come sufficiently close to the coöperating social agencies to learn anything of their methods of action.

Transplant this young woman to the average Illinois town, I am not talking about rural communities, and see what she is expected to do. Such towns can seldom employ more than one social worker. Very rarely, at any rate, can they start with more than one. There is perhaps no associated charities. There is certainly no legal aid society. There is probably no tuberculosis dispensary and no general dispensary. The health department upon which, in the larger city, she has grown to depend, is more than likely an entirely inactive organisation. There are no superintendents of nurses and no supervising nurses. She is set down, quite unprepared, and is expected to be a community jack of all trades. No wonder she fails. No wonder the communities are disappointed in her. If she is conscientious, she is apt to go to pieces over her total inability to master her problems. If she is not conscientious, which, I regret to say, is at times the case, she soldiers on the job with inevitable disappointment to those who employ her and an inevitable set-back to every form of social work in that particular community.

Not infrequently those of us who are interested in supplying the smaller cities with competent nurses have experiences such as these: a prosperous Illinois county had struggled for two years for the money to employ a community nurse. The place was filled by a woman thoroughly trained in a large-city medical-social work who bore the highest credentials. At the end of just two weeks in the field, she wrote this to one who had been instrumental in securing the position for her:

> I am returning the article. What good is it to me in this wilderness of nowhere with nothing to do with? I think I like work where you can get some results. I am discouraged. If you have anyone who would like to take my place, send her on.

"The wilderness of nowhere" was a prosperous little city of 25,000. Picture the disappointment of these once-enthusiastic people. Picture the humiliation of the nurse. It is nobody's fault. It is the case of a square peg in a round hole and there seems to be no regular supply of round pegs to draw from.

In another instance, a nurse of extensive city experience was given employment in establishing visiting nursing in the capital city of a state on the borderline between north and south. At the end of three months, when she might have been beginning to understand her community problems, she wrote:

> I leave here next week. Never send anyone here or suggest them for a position in this particular state unless they are in the way. I have kept my word and have remained the three months that I suggested, but it has been very ugly. Inertia is characteristic of this locality and dirt, disease and shiftlessness meet one everywhere. Don't you know of anything worth while? I am disgusted and disillusioned with the work and you know that something is wrong when I feel that way.

Something certainly was wrong. Think of community inertia, with dirt, disease and shiftlessness meeting one everywhere, offered as objections to a location for real social service! Thousands of communities in the middle west, placid and self-satisfied towns, dragged down by civic inertia and abounding in dirt, disease and shiftlessness, are crying out for *women worth while*. Perhaps in this particular case, the fault lay with the individual nurse, but her long experience in a large city had certainly given her no inkling of what she would be required to do in meeting the problems of a city of ten thousand.

A few years ago, tuberculosis sanatoria were divided into those for the incipient and those for the incurable, ignoring to a great extent the large middle class of the moderately advanced for whom great good can be done. Fortunately, we are looking at things more sanely and this illogical division is fast disappearing, at the present time, however, in the nursing section of our work, we are on a line which promises to be as illogical as the old-time sanatorium division. We seem to be attempting to jump from the problem of the big city to the rural nursing problem, without adequate regard for the hundreds of smaller cities and big towns which make up so much of our national population.

We must remember that, while there are eight cities in the United States with population over 500,000, and 42 more with population ranging from 100,000 to 500,000, (or a total of 50 centers for tuberculosis work in cities of over 100,000), there are 203 cities of between 25,000 and 100,000 with their own peculiar problems, and 2280 with population ranging from 3000 to 25,000 with *their* own peculiar prob-

lems. That is to say, with 50 centers for nursing work in cities of over 100,000 there are 2483 centers in large towns and small cities, all of which will, sooner or later, require independent social and nursing service.

There is too much of a tendency to regard everything that lies outside of the large city as "country" or "rural." There is confusion in the minds of many social and tuberculosis workers in regard to rural and small city work. Rural work is no more like small city work than small city work is like metropolitan work,—and that is saying a very great deal.

In the September, 1915, "Bulletin" of the National Tuberculosis Association, there was announced an institute for tuberculosis workers to be held in New York, and designed to deal with executive and administrative problems. The idea was excellent, but in the published outline which, fortunately, was yet subject to modification, we find this division of work: First, for a large city; second, for a state; third, for counties and small towns and cities. Those who have had occasion to work outside of large cities will bear me out that small cities, large towns and rural communities can never be handled *en masse*.

And now, what shall we do for the 2500 small cities and towns which are beginning to cry insistently for competent community nurses? The problem is acute in Illinois. I believe it is acute elsewhere. What effort is being made at its solution?

Certain schools of civics and philanthropy, situated in the largest cities in the United States, hold out courses of training for public health nurses. The teachers and lecturers are drawn from the nursing, health and social organizations of these large cities. Usually these teachers have had little or no experience in smaller communities. The practical experience, or the "clinical experience," if you will, that is offered by these schools, is often in the suburbs of the great cities, those peculiar "satellite cities" described by Graham R. Taylor. City suburbs are no more like small individual cities than day is like night. Such training for small community work is hopelessly inadequate and yet, to my utter astonishment, social workers and nurses in large cities have been known to rebel at the very suggestion of this fact.

A short time ago, I had a talk with a man who, for twenty years, had been connected in an important way with the health department of a large city. He has since been made executive officer of the state board of health of an agricultural state. He said, "After twenty years in service, I believed that I knew public health work. Since I have left the city and have had to face the problems of the smaller towns and cities, I find that I have had to learn a new and different science."

The American Red Cross Town and Country Nursing Service has undertaken the training of nurses for smaller communities and, in a prospectus recently issued, has suggested the establishment of training stations in connection with colleges and educational institutions. So far as I know, at the present time the Red Cross is giving training only in New York and Boston and the practical work is said to be given in city suburbs. According to Edna L. Foley, in the AMERICAN JOURNAL OF NURSING, there are but five schools offering instruction for public health nurses; four in the east and one in Cleveland, the Ohio city being the smallest in which such instruction is given. If anything is more different than a great city and a country town, it is New England and the middle west. A nurse wonderfully effective in the milling suburb of Boston, or the manufacturing suburb of New York, may be wholly unfitted for the different people, the different conditions and the different state, county and municipal laws of the farming and soft-coal-mining community of Illinois.

Aside from the proposed plan of the American Red Cross, which contemplates work in connection with such an institution as the University of Michigan, situated in a small city, there seems to be little effort for the relief of the large town and smaller city except that being made by the Social Service and Nurses Training School of Atlanta, Georgia, which is the outgrowth of the local Anti-tuberculosis Association and which, this year, is engaged in training three nurses. And so I believe that I am quite safe in saying that this, one of the most acute problems of anti-tuberculosis work, is not met and is not likely to be met by our present methods of training.

The executive head of a school of social service recently told me that, in her opinion, the difficulty in obtaining satisfactory nurses for the smaller cities is largely a question of salary. I wish it were so simple a matter. To my certain knowledge, however, in Illinois there are more communities ready to pay good salaries than there are nurses ready to earn those salaries. Salary is not the answer.

A nurse in charge of public service work in a large city has assured me that nurses born in smaller towns are, by virtue of that fact, sufficiently familiar with the special problems of such communities. By the same logic, any person so fortunate as to be born in a house, is a qualified housing expert. There is unquestionably great advantage for the nurse seeking service in the smaller city, if she has lived for some time in such a community. She will, at least, be certain whether she likes town life or not. It is a hazardous matter, with all the odds against us, to employ for small city work a woman who has never lived or worked outside of a large city, but her small-town residence does not indicate

the woman's ability to meet the nursing and social needs of the community.

There is nothing to be gained in pointing out the defects in our present methods unless we can suggest a remedy. The remedy must take into consideration both the individual and the manner of training. Some exceptional women make good community nurses without any special training. Others will not make community nurses with all the training in Christendom.

The remedy I have to offer, and which I hope to see experimentally in operation in Illinois within a year, is a readjustment of the nurses' training, a little closer adjustment of the nurse-making machinery to the specifications and requirements of the job. In such a plan, the nurse may have her hospital training in any accredited hospital. It is greatly to her advantage if the hospital is one which supplies student nurses to local training or tuberculosis organizations or operates a social service department so that the young woman may have some conception of the practical side of social service early in her experience. It is also to the nurses' advantage if her preliminary general education is considerably in excess of that required by the average hospital. Successful social service, with its broad educational function, makes a higher intellectual requirement than ordinary private service nursing. Whether or not it will be of advantage for the nurse to seek connection with the visiting nurse or tuberculosis nursing service of a large city, is a matter of opinion. If she does not engage in metropolitan nursing as a preparation for smaller community work, it should be in a city in that part of the country in which she expects to carry out her life work.

Regardless of her large-city nursing experience, the nurse who proposes engaging in community work should have a course in public health nursing and social work in some good school of special instruction in a large city, and in her own part of the country: in a large city, because here she will find large groups of professional social workers and teachers gathered, representing all of the phases of work of which the intricate job before her is composed; in her own part of the country, so that she may not acquire those local and provincial views which have been the undoing of so many competent women.

We must not lose sight of the purely social side of the work, for this will constitute a very large part of what is required of the nurse in her chosen community. In fact, the nurse already well grounded in the medical side of her training may do well to devote herself almost exclusively, during this period of special training, to the social subjects ignored in her hospital and with which she has had little contact in her

restricted sphere in large-city visiting nursing. She may wisely acquaint herself with charities, delinquency, housing, probation and similar subjects to the exclusion of the medical phases of her work.

Nurses, and even those engaged in the training of social service nurses, do not seem to realise the preponderance of social requirement over nursing requirement in many communities. In a group of distinguished social students and medical-social experts, I have heard it seriously debated whether the one community worker should be a nurse with social training or a social worker with some medical training and the question was by no means settled.

So far, the training of the community nurse may have been very satisfactorily and very properly confined to the large city, but the nurse who contemplates work in the large town or the smaller city, should supplement her training by a period of at least one or two months in a community of moderate size where reasonably efficient social work is being done. She should do this to become conversant with the methods employed, with the peculiar problems of the locality and the workings of the various agencies already in the field. She must learn small-city dispensary methods, so that she may be able not only to assist, but that she may tactfully exert influence in case she goes into a field where modern dispensary methods are not familiar to the local medical men. She must learn something of case histories and dispensary records for, in the smaller places, these details are frequently left to her and the dispensary is the very center of her activity. The adoption of large-city dispensary records and forms rarely proves successful in the smaller community. I have known of one nurse revolutionising the methods of tuberculin tests and of the preparation of tuberculin dilutions in a small city dispensary, by tactful suggestions made at the right time to her medical staff.

The nurse must go further and learn much of the details of organization, of associated membership and financing. Community work is often started as a matter of impulse. The second year is the hard pull. The work often goes to pieces unless the nurse can become executive officer or can intelligently guide someone else in that important work. It is readily admitted that the nurse should not be burdened with these things; but the nurse who entirely ignores Red Cross seals at Christmas may face a depleted treasury by Easter. I have heard one nurse explain her indifference to these matters of organization with the remark: "It is the community's problem, not mine." She had been employed to perform a technical job with the details of which the community was not conversant. Her remark was false, foolish and fatal to her work.

The nurse, before she goes to live in a smaller city, should become accustomed to small town neighborliness, goodness, smallness and gossip and must acquire that brand of tact necessary in the community where the moth-eaten patient addresses the dispensary physician as Jim or Bill by virtue of schoolday acquaintance. She must learn that, in the smaller town, a dispensary practice is as hard to build up as a private *clientele* and must be handled with the utmost discretion. She must learn that social view point and knowledge of social affairs are not the exclusive holdings of great centers of population. With our present enlightenment, I doubt if the average nurse can enter upon her work in any small town without finding there some person or persons with quite as intelligent social ideas as her own. Many competent nurses and social workers have impaired their work in smaller communities through failure to recognise this simple fact.

The community nurse must learn how to finance her own relief work when her organisation's treasury will barely meet her own salary. She must coöperate with the associated charities as far as she can, but she must not expect to find in the associated charities a counterpart to the great systematic organisation she has known in the large city.

In her month or two of "clinical training" in such a field, the nurse cannot master all of the community problems. She can learn something of what they are, however, and she will find them as different from large city problems as east is from west, and yet quite as definite and real. She can learn what is going to be expected of her and she can gain valuable information from the competent nurse who has gone through the mill and who is making good in spite of adverse conditions. That pioneer nurse can give her concrete facts not to be found in text-books and not to be learned from any school of social service. In her month or two, she should learn the workings of the local health department; she must meet the overseer of the poor and learn how to work with this eccentric autocrat of public bounty; she must see the small city juvenile court in action and must see the probation officer on the job. She must visit the county jail and the city prison; she must become acquainted with the almshouse and other public institutions; not as they are in large cities, not as they are in theory, but exactly as they are in the smaller communities of her state and section. She must learn something of small-city housing problems and the common crying abomination, shallow wells and privy vaults and other sanitary evils held in common by small cities and rural communities.

When this program was first suggested, someone offered the objection that the agencies engaged in the work in such communities are not ideal, that they do not offer models for the nurse to follow;

the methods employed are imperfect; they are rarely modern or scientific. This is all true, but these agencies, faulty as they are, are the agencies with which the nurse will have to work when she enters her own field or endeavor. The conditions are probably bad; but there has been some intelligent effort at their improvement made by the workers already engaged in the field. A spotless town would teach the nurse little. She is going into pioneer work and she must first learn to blaze the trail and fell her first tree. The medical student learns more from one patient in the throes of his disease than from a thousand who have fully recovered.

This month or two of community experience should be carried out, if possible, under the supervision and guidance of persons of broad training in the essentials of nursing and social work and with special knowledge of community conditions and sane community methods. The ideal solution of the problem would be the establishment of training stations in communities in which good social and medical-social work are being done by established social and nursing schools, these schools to retain supervision over the instruction given. Experience indicates that, if the training is given under such a plan, two points must be given special consideration: the experience must be gained in the same general community in which the nurse expects to be employed and the teachers having to do with the actual training or the general supervision must have adequate practical knowledge of small city problems.

DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

Collaborators: LILLIAN S. CLAYTON AND ANNA C. JAMMÉ

The collaborators in this department will be glad to receive short items of interest relating to the field of training-school work. States east of the Mississippi should send their contributions to S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, and those west of that section to Anna C. Jammé, Board of Health, Sacramento, California.

METHODS OF CLASS ROOM WORK

After deciding on the general scheme of organization, the next step is to decide how each subject can best be handled. Among the many methods of conducting courses of study, the most familiar are the lecture method, the question-and-answer or discussion method, the demonstration, the clinic, the laboratory, the conference, and the case-study method.

The lecture method is still extensively used in training schools, largely because it is the easiest method for the teacher, and covers the ground in the shortest time. For purposes of inspiration and entertainment, or where it is necessary to give a clear and coherent presentation of a new subject in a concise form, the lecture method is probably the best to use, but it has many disadvantages as a regular class exercise. The lecture may be entirely over the heads of the class or it may be so elementary as to be a waste of time. The students may be interested and attentive or they may be half asleep; in either case there is no satisfactory way of finding out just how much the pupils are getting out of it, no way of testing their understanding of the subject or clearing up their difficulties. The lecture method is too one-sided to arouse much real mental activity and even careful note-taking does not make up for this. It is better adjusted to mature students, but even in colleges where it has long been generally used, protests against its use have been increasing steadily because of its failure to train the mind to think and grapple seriously with problems.

In nursing schools, a subject like Modern Social Problems might well be presented by bringing in special lecturers who are experts in their various lines, but as a rule other methods of teaching will be found more effectual. Lectures which are accompanied by lantern slides or other illustrative material will, usually, be more interesting and instructive.

The question-and-answer method covers a large variety of exercises, from the quiz, which consists mainly of brief review questions and quick responses, to the discussion of large topics or problems which involve close reasoning and deliberation and often extended class discussions. The written test is another variety of this kind of exercise. A very effective method is to assign some concrete, specific problem which the pupils are to solve. Instead of giving the class ready-made conclusions, which they write down in their note-books and memorize, the teacher by skillful questioning leads the pupils from one step of reasoning to another, till finally they think out the solution for themselves. Facts arrived at in this way are not likely to be forgotten and pupils develop the habit of thinking things out independently rather than depending on rote memory. Pupils are usually interested and alert, because they are taking an active part in the proceedings, and the teacher has an excellent opportunity of knowing her class and finding out the strong and weak spots in their preparation. It takes much more skill, however, to conduct a class by this method. Where questions are simply asked from a book or are fired at random, without plan or purpose, the result is likely to be a jumbled mixture of half-baked impressions, with the pupils in a state either of humdrum indifference or high nervous tension. The question-and-answer method in some form, alone or combined with other methods, should be used in practically every lesson. It should, moreover, be used constantly in the supervision of practical work on the wards.

The demonstration or clinic method is used largely in such courses as Practical Nursing, Medical and Surgical Diseases, etc. The class is brought to the bed-side to observe the disease or condition under discussion or the process or experiment or procedure which is carried out before the class for its observation. Individual members of the class may take part in the demonstration, but usually it is the teacher who demonstrates, explaining and describing the procedure as she goes along. The advantages of this method are obvious. It is so much easier to get clear-cut accurate impressions when one is actually seeing the thing which is being described. The atmosphere of reality, the interest in "something doing," help to focus attention and to fasten the facts in the memory as no purely verbal explanation can ever do.

The "excursion"method is very similar, only with this the pupils visit different points and places of interest, observing and noting all the important features bearing on the problem in hand. Excursions can be used with great benefit in connection with such subjects as Public Sanitation or in the opening course on the Social Aspects of Nursing. There are certain weaknesses, however, which have to be guarded

against in using these methods, the possibility of serious waste of time in fruitless observations and useless manipulations, the danger of having pupils get side-tracked from the main subject and accumulating a mass of scrappy, disorganized facts rather than a clear, well-thought-out presentation of one important topic, the danger (in Nursing particularly) of having pupils think that the "motions" of things are of supreme importance rather than the principles which should precede and govern all our manual or technical work.

But we all know that pupils can listen to good lectures, can take part in spirited discussions and can attend clinics and see other people perform manipulations, without either understanding the thing fully or being able to do it themselves. They have to get the materials in their own hands, to actually perform the experiments and carry out the procedures before they really understand the principles involved and gain the required skill. This is what we mean by the laboratory method. Training schools have always believed in this method and have used it most successfully in teaching such subjects as Practical Nursing, Massage and Dietetics; indeed, our wards, kitchens and operating rooms have served in a very real sense as laboratories for all the practical subjects taught but the laboratory method has not been applied so consistently in the teaching of our scientific subjects, such as Anatomy and Physiology, Bacteriology and Chemistry, and the result is that our pupils find it much harder to grasp these so-called "theoretical" subjects than the "practical" ones. Their difficulties would be largely cleared away if they could see and handle models, slides, specimens of organs and tissues as they do ward materials and if they could test the action of chemical substances as they do foods in a diet kitchen. If they could try out the common bacteria in different conditions and find out their habits and characteristics at first hand, they would be much more likely to understand the tricks they play, even in the best-ordered hospital wards, and to take more effective measures to prevent the spread of infection, which is our biggest hospital problem. Beside the greater efficiency from this method of teaching, as shown by results, and the increased interest which pupils show, there is the definite training in accurate observation and careful technic which a good laboratory course in any scientific subject gives. It has been shown that pupils who have had even a short course of laboratory work in bacteriology or chemistry are better in surgical technic and enter more sympathetically into the experimental work which is being done in the hospital, where the intelligent coöperation of nurses often means so much for the success or failure of the investigation. Even though the laboratory work does entail some additional equipment and

extra time and though it takes a skillful teacher to handle it well, the results are so much more satisfactory, that schools and colleges everywhere have accepted it as the only approved method for practically all scientific and practical subjects. In Anatomy and Physiology, Bacteriology, Chemistry, Nursing, Household Economy, Dietetics, Drugs and Solutions, Massage, etc., at least one-half of the time should be spent in laboratory work, and more should be added if possible. It is customary in colleges to assign two hours of laboratory to every hour of class or lecture work in such subjects. All practice work which is progressive and not mere repetition, which consists in the working-out of definite problems under the eye of the teacher by whom the work is carefully supervised and checked, is counted as laboratory work.

In the courses which deal with such subjects as Obstetrical Nursing, Medical Nursing, Infants and Children, etc., the plan already suggested is to divide the number of hours about equally between the lectures or clinics by the physician on the disease, and the classes and demonstrations by the nurse on nursing measures which apply to that particular condition. These should run parallel if possible and the nurse could then give a brief quiz on the preceding lecture before she takes up her demonstration or clinic. If no regular trained instructor is available and even if she is, it is often felt to be desirable that the head nurse or supervisor who is most closely in touch with the work of that branch (obstetrics, children, operating-room, etc.), should be responsible for the teaching. She can correlate the work of the classroom and the ward much more effectively and her knowledge ought to be fresher and her interest keener than that of any other person, but unless she has some aptitude and experience in teaching, the results may be disappointing.

The conference or case-study method is used mainly in more advanced courses where it is not so much a question of giving pupils facts in organised systems as of getting them to acquire a point of view and a method of working out things for themselves. They are usually given a concrete problem and are expected to read up sources, to collect data, to keep records, and to bring in suggestions which will be analyzed and discussed, and will probably form the basis for a thesis or case-history or written report. The method has been used successfully with law students and medical students and is being applied in such fields as charity organisation work, social service work, etc. Such subjects as Ethics, Professional Problems, Introduction to Public Health Nursing, Institutional Housekeeping, Private Nursing and Special Nursing Problems (case studies) for senior students might well be worked out by some such method. It is an informal kind of teaching which may

be applied to the simplest kind of a problem as well as to the most difficult. It requires some individual attention and direction from some one who is an expert in the branch studied, but the pupil is expected to work the problem out for herself so far as possible. Where several are working together, they get the benefits of each other's work, as all are expected to take part in the discussions. It is a splendid preparation for the more independent work they will have to do when they leave the hospital. It helps them to stand on their own feet, makes them acquainted with sources of information and shows them how to go about it.

As has been stated before, no one method can be used exclusively for any subject and usually a combination of methods gives the best results. As to who shall do the teaching of any given subject,—that is a question which has to be decided according to the conditions in each individual school and the personality and training of the available instructors. Generally speaking, it has been found to be more satisfactory to have specially trained nurse-instructors to take care of most of the subjects in the preliminary course. In larger schools, two instructors would be needed, in which case one usually takes over the teaching of practical nursing and the supervision of the work of pupils on the wards and the other takes the sciences, mainly. The superintendent of nurses usually prefers to teach the History and Ethics of Nursing. The social service worker should, if possible, take the course in Social and Economic Causes of Disease and the dietitian should, of course, teach Nutrition and Cookery. The probationers' instructor usually teaches Elementary Drugs and Solutions. Sometimes a nurse teaches the advanced Materia Medica and sometimes a physician and, in a few cases, the pharmacist, but in any case it should be class and not lecture work. The pathologist would usually give the work in this branch, assisted possibly by the nurse-instructor who might help in the laboratory work in Urinalysis, etc. Physicians should, of course, teach Medicine and Surgery, and all the special branches of disease, should, as far as possible, be in the hands of specialists who represent the various divisions in the hospital. Where the hospitals cannot pay for the highly-trained expert or cannot depend on getting regular, well organized courses from busy practitioners, it is often possible to secure excellent instructions from the resident staff. The chief difficulties are, the frequent changes in lectures and the fact that the younger man speaks from text-books mainly, while the older practitioner draws upon a rich fund of experience. This lack may be partly counterbalanced by the seriousness with which the younger man often takes his task and the fact that his knowledge may be fresher, his interests in his subjects

keener and that he may have the added advantage of being a trained teacher.

This skill in handling classes, in catching the pupils' interest, in getting facts "over," and in stimulating pupils to think and question for themselves, is more important in all teaching than the extent of the knowledge which the teacher possesses, though this too is highly important. Few people are "born" teachers, though many have a natural aptitude which can be developed into the high specialized type of skill required in the teaching art.

The results that are obtained from the course of instruction depend somewhat on the kind of material one has to work with, but much more on the kind of teachers selected. While increasing numbers of hospitals are now employing trained instructors for the larger part of their teaching work, and while every effort should be made to encourage all the bright ambitious and capable young women who are interested in this field of work to prepare themselves adequately for it, there is no reason why head nurses and supervisors and assistants in all ranks should not acquaint themselves with the general principles of teaching and give what assistance they can in the teaching work of the school. In two or three cities, evening courses in psychology and teaching methods have been given to large groups of nurses, with encouraging results. Local normal schools or departments of education in universities would welcome nurses as students, and summer courses, evening classes, extension lectures, and many other opportunities are available for adding to one's knowledge of both subject-matter and method.

Formerly one of the main functions of the head nurse was the instruction of the new probationers and the nurses under her charge, and many head nurses developed into excellent teachers and trainers. The tendency at present is to regard head nurses and supervisors entirely as administrative officers. It seems to be highly important that even if she does little formal teaching, the head-nurse should still consider herself one of the teaching staff of the training school, that she should know what the superintendent and instructors are trying to give the pupils, and should be ready to help in every possible way to tie up the class and ward work and to make every day of the pupils' experience as richly educational as it can be made. Such coöperation between all members of the training-school faculty cannot be secured without frequent conferences and discussions of all who are concerned in the training of the pupils. Such faculty conferences not only bring about a more harmonious and helpful spirit but are a clearing house for good ideas in teaching and administration and a means of securing uniformity and efficiency in the work of the institution.

ITEMS

MINNEAPOLIS. The League this winter has held fairly regular meetings, two interesting ones being in January and February, at one of which Mr. Todd, a new member of the Sociology Department, gave a talk on the need of some knowledge of Sociology for nurses in training in their senior year. This was followed by a course of lectures which is now being given by Mr. Todd to senior nurses of all the schools and to public health nurses. We are trying it this year and we may be able to work out a course to extend throughout both semesters next year. The February meeting was devoted to practical demonstrations of nursing treatments. There was a large and enthusiastic audience, some people coming from out of town. We have made the attempt and have succeeded this year in having talks on Opportunities in the Field of Nursing given in all the high schools in Minneapolis and in several other cities in the state.

ETHICS AS APPLIED TO THE WORK OF THE SCHOOL NURSE BY THE CHICAGO STAFF

BY GENEVIEVE CONWAY

The most essential qualifications for a public health nurse are:

(a) Judgment and tact which enable one to decide what is best to do or say at the proper time under certain conditions.

(b) Memory, a faculty that should be cultivated, if not possessed: a note book will help one to remember, but fails to give the human touch.

(c) Perception, which is the mental faculty that aids us to acquire knowledge of the case by inspection; the ability to quickly and accurately note details and act without any unnecessary loss of time.

NARRATIVES FROM THE WAR

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

Mrs. St. Clair Stobart, the British nurse in Brussels who was sentenced to be shot as Miss Cavell was, escaped and later went to Serbia. There she contracted typhus but recovered. She was in retreat to the Adriatic and is now resting at home in England.

The *India Magasine* says: "When the story of the great struggle comes to be written, a tribute of affectionate gratitude will be paid to the trained nurses for their devoted work in the war zone, at sea on hospital ships and at home. The nurses on hospital ships have given the world a new formula. Hitherto, at times of disaster at sea, the cry has been 'Women first.' When transport ships and hospital ships have been sunk by the enemy the cry of the nurse on board has been, 'Fighting men first. Wounded men first,' and they have put the new formula into practice. They have sacrificed themselves to save the men."

The genius of Canadian recruiting officers has evolved many novel schemes for impressing upon men the necessity of their enlisting. An officer of the 148 battalion in Montreal originated a unique one. It consists of a placard with the inscription, "This Man is Wanted." When the reader looks closer to see who this man may be—he beholds his own face, reflected from a mirror six inches square.

A writer who had conversed with a wounded lad just from the trenches says: "I was struck in his case, as in that of most of the others fresh from fighting, with the complete absence of personal feeling. They almost seem to love the Germans who are trying to kill them, and whom they are trying to kill every moment of the twenty-four hours. So much is this the case that there have to be strictest orders against any fraternising between the troops. 'Are these orders carried out?' I asked. 'Certainly,' said the young soldier, 'I saw a sergeant disgraced and given two years' imprisonment because he palled up with a German soldier.'"

It is said that butter cards have been issued in Germany entitling the holder to purchase a quarter of a pound of butter weekly. This does not insure the obtaining of this amount, but that this holder cannot buy a larger quantity. In a letter received from a well-to-do household in Munich it is stated that butter is never seen on the table, and meat only once a week.

The Geographic Board of Canada, the governing body in all matters relating to place names, has decided to call a hitherto unnamed mountain, 11,200 feet high, Mount Cavell, in honor of the brave nurse who died for her country October 12, 1915. It is a peak of the Rocky Mountains, in Alberta, at the junction of the Whirlpool and Athabasca Rivers. It is visible from the famous Jasper Park, 4400 square miles, set aside by the Dominion Government because of its natural loveliness as a playground for the people for all time. Splendid mountains rise up on either side, but this peak in particular attracts the eye by its great height and beautiful symmetry.

Sisowath, King of Cambodia (Indo China), has issued a stirring appeal to his subjects to enroll themselves in the army for the period of the war or to serve in the arsenals and workshops, in order to strengthen the links of gratitude and affection which unite Cambodia to France.

Canada has given to the Salvation Army five motor ambulances for use in Russia. They cost $10,000.

The German General Post Office announces that 300 women are now driving horse-drawn mail vans.

The Princess Alexandra of Teck is helping in the kitchen of the Princess Christian's Red Cross Hospital, near Windsor. She helps to cook the meals and wash the dishes afterwards and spares herself none of the drudgery of kitchen work.

Vernon Castle has given up dancing to join the Flying Corps. He is a native of Norwich, England and is said to have commanded a salary of $5000 a week.

The curfew bell, "the cover fire bell," is rung at Banbury, England, for a purpose it has not had since Henry I, in 1100, abolished its "lights out" message. It tolls at 7 p.m., and the people then cover their lights, in accordance with the regulations, just as they did in Norman times, more than 800 years ago.

The new memorial to Florence Nightingale is placed in the crypt of St. Paul's Cathedral, London, between the tombs of Nelson and Wellington.

Thousands of gallons of soapy water are purified daily to obtain a supply of clean water for soldiers' baths at the front. The used water is passed into a tank when it is thoroughly rinsed with slaked lime. It is then passed through a charcoal filter and appears free from soap, lime and dirt.

EVENTS OF THE DAY

IN CHARGE OF

GARNET ISABEL PELTON

Denver, Colorado

THE GREAT WAR. This war involves over half the population of the world and over four-fifths that of Europe. Thirteen nations are at war; thirteen million men are under arms; four million have been wounded; two million killed; two million are prisoners. In the wake of this fighting, are the starving millions of Belgium and Poland, the massacred Armenians, the dead of typhus-stricken Serbia, and over a million innocent babies.

THE FIVE THEATRES OF THE WAR. The West Front stretches from the North Sea south of Ostend, through northern France, by the border of Alsace-Lorraine to the Vosges Mountains, a distance of three hundred miles. On either side are two and a half million men, with an average of a man to every yard. Here the Germans are opposed to the Belgians, British and French. The French are now withstanding "the most terrible battle in the world's history" at Verdun, where the army of the Crown Prince of Germany has been sacrificed by tens of thousands to gain this strategic point.

The boundary line of Germany and Austria with Russia, from the Gulf of Riga on the Baltic to the Balkan State of Roumania, a distance of eight hundred miles, forms the East Front, the Second theatre of the war. This line has swung several hundred miles north, south, east and west with great victories and defeats on both sides, until Russia, through shortage of ammunition, was driven back from her entire frontier, including Russian Poland.

The Russians are regaining a foothold on this frontier, and moving south over the Caucasus Mountains against the Turks in Armenia. In Armenia and Mesopotamia is the Third theatre of war, where small, segregated armies of Russians and British are fighting the Turks to gain the control of Asia Minor and Mesopotamia and thereby to keep secure their authority in Egypt, Persia and India.

A fourth front is on the northeastern boundary of Italy, where the Italians are trying to wrest from Austria their former territories of the Trentino and Trieste.

The fifth is in far-off Africa, between the British of South and the Germans of East Africa. So far the British are victors.

SUMMARY. Germany has lost all of her island colonies, her important colony at Kiao-chow in China, besides her losses in Africa, but in Europe her conquests and Austria's include Belgium, northern France, Russian Poland, a slice of western Russia, Serbia, Montenegro, and part of Albania. Of the other countries in this war, Serbia is crushed, Montenegro over-run, and Japan, since her capture of Kiao-chow, quiescent. Portugal was enrolled on March 9, when Germany declared war on her. These countries with Belgium, France, England, Russia and Italy are the Allies or Entente Powers; Germany, Austria, Turkey and Bulgaria form the Central Powers.

MEXICO. Early on March 9, Villa, the Mexican bandit, with a thousand of his followers, raided the town of Columbus, New Mexico, looting, burning houses, and killing eight soldiers and nine civilians. He was chased back over the border by U. S. cavalry. A punitive expedition under the command of General Pershing was immediately ordered to pursue and crush him. Congress appropriated over eight million dollars; Carranza, the head of the present Mexican Government, is apparently coöperating with his troops. Owing to the deserts and mountains, well known to Villa, this pursuit is difficult. There have been two attacks on the bands of outlaws, but Villa himself, though wounded, has so far eluded capture. The expedition is not war but merely police duty.

CONGRESS. A bill now before Congress asks for $250,000 for a national leper-hospital. Only three states have such hospitals, though it is estimated that there are about one thousand lepers in the country, often persecuted and kept in continuous flight or hiding.

Another is the Kent bill. It provides for federal aid to states burdened with the care of indigent consumptives at the rate of $0.75 a day per patient provided the state appropriates a similar amount. The Denver Municipal Charities protests, declaring the bill will increase the number of cases in Colorado with their heavy family burdens, and suggests that the state to which the patient belongs bear the financial responsibility.

THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

Chairman of the National Committee on Red Cross Nursing Service

TOWN AND COUNTRY NURSING SERVICE

By Fannie F. Clement, R.N.

A few comments, as follows, on the special courses in public health nursing offered in various cities are quoted from letters of student nurses taking these courses in preparation for Red Cross service as visiting nurses. They are typical of many others, bearing testimony to the profit as well as enjoyment to be obtained from such post graduate work.

From a student taking an eight months' course at Teachers College, Columbia University, in conjunction with Henry Street Settlement:

I thought perhaps you would like to know just what we of the Red Cross were doing in New York. Classes have reached the interesting period of test, the first making its "début" last Saturday on Nutrition. The grades as yet aren't published so we are still holding our breath. Last Wednesday evening the professors of nursing entertained the nurses at tea in the Red Room at Whittier Hall, certainly affording splendid opportunity to become better acquainted. Miss Dock was among the interesting guests, still adorned with suffrage colors. My roommate and I were among the enthusiastic pedestrians in our recent suffrage parade. One important trip made for observation was to Ellis Isle and while there a boat came in with a few peasants from England and Ireland, but certainly not the typical type. Another place of particular interest was at the Department of Health Building. A whole day spent there would be worth while.

We are realising a real benefit from the lectures in social science here and at the School of Philanthropy. Perhaps I should say we really enjoy those subjects. A test in social science on Thursday may crush this attitude a wee bit. In our school work, which comes every Friday, we have a chance to visit the different clinics, hospitals, etc., and especially use our persuasive powers in the home. I have been given four cases to look after, two of which are considered hopeless, but it is up to me to see what I can do. Much to my surprise, one youngster informs me that her family has consented to buy her glasses. However, I'm sure the year others have given of continual explanation and threat had the greater influence. The other cases are still pending.

We are paying $7.50 for room and board now, instead of $8.25, and have the kitchen attached, with tubs for our laundry and the use of an iron; we can do all in this way. Then, too, the library and school being so convenient, makes the place attractive. The family atmosphere counts a good deal with us strangers and there is always something in which we can find a common interest, through

the recitals or dances in the parlor. I have been placed on a Y. W. C. A. Neighborhood Committee to look after girls in two apartment houses (this one and next door) to keep the girls in touch with the things going on in Teachers College and anything in the neighborhood and through this feel as though I'm already pretty well acquainted. . . . . I'm to prepare a paper on my experience with colored doctors for tomorrow and have been scratching my head furiously to plan an outline. I hope next year they may give the nurses lectures on public speaking.

From a student of the same course, after starting her practical work at Henry Street Settlement:

The sudden change from a life of mental activities to one of actual hard work has been very difficult for me. I find it is not well to allow one's self to get out of training for hard work. I know you will be glad to hear we are each to spend part of next month in the Henry Street rural district. I remember your asking about it. I am to start out there next week assisting the Nurse in charge who already has more than she can do.

Ever since coming to Teachers College I have wanted to take in a course in speaking of some kind and when the second term began, February first, I made several unsuccessful attempts to register for a course, each time finding that it was not the work I needed or that would help me. Miss Amerman is having weekly conferences with us and she is going to give us some training in speaking, herself, which I am sure will be a help to us. I am very glad, because I was so disappointed in not being able to take it up at the School. To begin with, she has given us each a different subject on which to prepare a five-minute talk, for next week. For example, I am to imagine my audience a class of boys and girls of eight years in school and speak to them about dental hygiene, the other nurses acting as critics. . . . .

I feel that I have gained a broad and thorough knowledge of public health work in New York, together with its ambitions for still broader work. It seems very funny that I should have spent three years in Philadelphia and have learned practically nothing about the public health activities there. It makes me realise how shut in one really is during hospital training. I want to visit the different departments of public welfare in Philadelphia when I am through here. I know I shall wish many times for the generous supply of reference material available here at Teachers College.

From a student taking the four months' course at the Boston Instructive District Nursing Association:

I have been sick and am expected to make up all lost time, so I am sorry to tell you I shall not finish here until later. I am indeed sorry, for I am counting the days when I will be out helping the less fortunate to secure help and advice. I have found this course a most interesting one and I feel, too, I have made the most of every minute I possibly could. The instructors have been very kind to us and, I am glad to be able to tell you, have arranged a special course for nurses who wish to do the rural work. We have been out in a suburban section for all our district work. We have been favored with a most excellent supervisor and have had personal supervision which we could not have obtained had we gone

to the school district. We also have had some splendid lectures on rural work and the rural reading matter has been so interesting. I cannot say too much for this course and the kindness with which one is treated.

From an eight months' student, Boston Instructive District Nursing Association and School for Social Workers:

The realisation that I would probably not have been ready for any kind of visiting nursing without this course has been mine. There has been an excellent opportunity here to learn directly from observation how to do the work, it seems, in all branches of public health nursing.

We have had splendid instructors and been afforded every opportunity in the work and through lectures and addresses to acquaint ourselves with the most modern way of meeting the needs of a community in the several branches which are all part of the work of a community or public health nurse.

I am very ambitious that I may be able to later on develop the work into which I go that I may have a health centre and all the various activities which should go with such a centre. I believe that my previous experience will be most helpful in this, in fact in all the other work which I shall do. I am very glad for all of it.

From Phipps Institute, Philadelphia in conjunction with Philadelphia Visiting Nurse Society, an eight months' course:

I am enjoying the course very much. It has been a year of experience that I would not have missed for a good deal. I am so glad to have had the opportunity and hope I shall be able to use it well when I have finished.

NURSING IN MISSION STATIONS

NURSES' ASSOCIATION OF CHINA EXAMINATION QUESTIONS

As there is no State Board in China, as yet, to establish a standard for nurses, the Nurses' Association decided to give examinations once each year for graduates of recognised schools in any part of China. Holding this certificate corresponds to having the degree of "R.N." in the United States, and its value is being recognized by the medical profession. Examinations both theoretical and practical are held at various centers throughout the country.

General Nursing Principles. Two hours allowed. (1) What are the general important points to be considered in the care of any patient in bed? (2) A case of opium poisoning being brought into the ward what would you prepare for the doctor to use? What precaution would you take until the doctor arrives? (3) Name causes for patients getting bed sores. What would you do to prevent them? (4) Give various ways of applying heat. What would you prepare for a hot air bath? How would you give it? How would you prepare a poultice? (5) What would you do for a patient in a rigor until a doctor arrives? (6) How would you prepare peptonised milk, and albumen water? (7) What are the advantages of milk as a diet for patients? Why should it be boiled before using? (8) Explain the following terms: asepsis, crisis, hyperpyrexia, antiseptic, antidote, temperature, ventilate, sterilise, collapse, antitoxin.

Nursing of Children. Two hours allowed. (1) Why would you not give a baby of one month starchy food? (2) What observation would you make in receiving a child of two years old into the ward? (3) A child with a fractured femur is brought in, what would you prepare for the doctor to use? What would you do until the doctor arrives? (4) A child in the ward develops a high temperature and a rash, what would this suggest? What precautions would you take? (5) How would you prepare and give a rectal wash-out? (6) A child is brought in badly burned, what would you do until the doctor arrives? (7) What complications often follow measles and scarlet fever? What are the indications of such complications? How would you guard against them? (8) A child is suffering from phthisis pulmonary and cannot be left in the hospital. How would you advise the friends?

Anatomy and Physiology. Ten questions to be answered. (1) Name and describe the bones of the forearm. (2) Name the bones of the spine. (3) Describe a ball and socket joint. (4) Describe three kinds of muscular tissue. (5) Describe the diaphragm and its action. (6) Trace the circulation of the blood from the left ventricle of the heart over the body and back to the left ventricle. (7) Describe a cell, its structure and function. (8) Describe areolar tissue. (9) What are the effects of respiration on the blood? (10) Describe the liver and its function. (11) Describe the progress of digestion. (12) Describe the secretion of urine.

Hygiene and Elementary Bacteriology. Ten questions to be answered. (1) Why is bathing so important to health? (2) What is the object of ventilation?

(3) Give a reliable disinfectant for each of the following and state exactly how each is to be used: Typhoid stools, bed clothing from case of typhoid, tubercular sputum. (4) Why should malarial patients be screened from insects? (5) Name two diseases caused by infected food. Two caused by insects. (6) What is meant by quarantine? (7) What are bacteria? Name three kinds according to shape. (8) Name three diseases caused by bacteria and the bacteria causing each. (9) What are spores? What bearing have they on sterilization? (10) What is meant by surgical asepsis, by antisepsis? (11) Given a room 10 feet by 20 by 10: Give method of disinfecting it in detail, stating amount of chemical to be used. (12) What is a contagious disease?

Dietetics. Five questions to be answered. (1) Name three classes of food stuffs, and give an example of each. (2) Deseribe the dietetic preparation of a patient in the treatment of ankylostomiasis. (3) Describe the dietetic treatment of typhoid fever. (4) Describe the preparation of arrowroot for food. (5) Name three Chinese foods useful for extra nourishment (excluding milk). (6) Name three Chinese ways of preparing eggs which render them easily digested.

Genito Urinary Cases. For male nurses only. Three hours allowed. (1) How would you prepare the theatre for a suprapubic cystotomy operation? What instruments, dressings, lotions, etc. would you have ready? How would you nurse the patient the first week after the operation? (2) For three months a patient has been passing blood and pus in his urine. What may be the causes? The surgeon tells you to prepare the patient, instruments, dressings, lotions, etc. for removing his left kidney two days hence. How would you do so up to the time of the operation?

Gynecological and Obstetric Nursing. (Women nurses.) (1) How would you prepare a patient and theatre for an operation of Caesarian section? How would you nurse her for the first fortnight after the operation? (2) How would you nurse a mother and child for the first three weeks after confinement? What complications may arise to both mother and child during that time?

Ophthalmic Nursing. (1) What instruments and lotions and dressings would you prepare for the operation of extracting a cataract? How would you prepare the patient for the operation? (2) Suppose a patient has a purulent discharge from his left eye. What precautions would you take to protect his right eye, and also the eyes of the other patients? (3) What precautions would you take in nursing a patient with a corneal ulcer?

Medical and Surgical Nursing. Two hours allowed. (1) What are the chief points to remember in nursing a case of typhoid fever? (2) If you are nursing a patient with some infectious disease, what methods would you use to prevent yourself from taking the disease? (3) How would you prepare a female patient, operating theatre, dressings and instruments for an abdominal operation? Describe the after nursing of such a patient. (4) Give the symptoms of internal haemorrhage. How would you treat such a patient while awaiting the doctor's arrival? (5) What are the symptoms of fracture? Name five different forms. How would you prepare a bed for a patient suffering from a fracture of the leg?

First Aid. (1) A man falls from a height and severely injures his head and one of his legs. Mention the various kinds of haemorrhage you would expect to find. How would you render first aid in each kind of haemorrhage? (2) During an explosion of gun powder a man is badly burned about his trunk and limbs. What are the degrees of burns he may receive and what would you do for him until the doctor arrives?

Materia Medica. Dr. Taylor. Ten questions to be answered. (1) Name five disinfectants and give strength in which each is used. (2) Name three emetics and emetic dose of each. (3) What is an emulsion and why used? (4) If an adult dose is 30 grains, how much would you give a child of four years? (5) Given a solution of a drug of which minims 15 contains grs. 1/20. How much of the solution would you use to give gr. 1/75? (6) Name a cardiac stimulant and give its action. (7) Describe the action of mercury. (8) Name three kinds of cathartics and give one cathartic of each kind. (9) Give the dose of tr. nux vomica, of morphia, of atropin, of nitro-glycerine, of potassium bromide. (10) Give symptoms of opium poisoning and describe treatment. (11) Give symptoms of atropin poisoning and treatment. (12) Give symptoms and treatment of lead poisoning.

TOO LATE FOR CLASSIFICATION

THE FRENCH WOUNDED EMERGENCY FUND

The French Wounded Emergency Fund, with headquarters in London and a Paris office, has need of a number of fully trained nurses for work in French hospitals, away from the immediate war theatre. This organization is approved by the French Ministry of War, is recognised by the British Red Cross Society and coöperates with the special War Committee of the Ladies of the Order of St. John of Jerusalem.

Mary Cloud Bean, R.N., Mount Washington, Maryland, who has just returned from London, will be glad to answer questions or to facilitate, through Mrs. Caspar Whitney, the arrangements for getting some very good nurses into France, where passport regulations are now necessarily exceedingly strict. Miss Nutting, Teachers College, New York, permits the use of her name in this connection.

It may be added that England has no lack of nurses and that its service is in any case strictly limited to British-born women. Canadian military hospitals over-seas take only Canadian nurses, preferring those trained in Canada. The *Croix Range Française* at its London office late in March discouraged the application of nurses for war work, either British or American, but might possibly, its local president Madame de la Panouse thought, be able later on to take on American nurses of just the right kind. Miss Bean has a few of the application forms of this society, if they are wanted.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

THE ROYAL COMMISSION ON VENEREAL DISEASES

At least the long, profound silence on this subject, so long maintained by public men in Great Britain has been broken, and a Royal Commission appointed by Parliament has made fully known the great gravity of these two prevalent diseases as a national problem.

In the course of their inquiry they called nurses and midwives and asked them how much they had been taught on this subject. Amy Hughes and Alice Gregory both made it very clear that hospital education had drawn a veil over it and had largely left nurses to find out for themselves what they could.

Americans who attended the International Council of Nurses in London in 1909 may remember the bold forward step taken by English nurses in their bringing forward in a public meeting a subject at that time generally tabooed. We remember being told then of an English medical woman who had wished to bring a paper on the social aspect of venereal diseases before the Medical Society (of men and a few women) to which she belonged, and who was forbidden (by the Chairman, or the Programme Committee) to introduce the shocking subject. It was a little book called *Under the Surface*, written by an English medical woman, which brought to the popular attention, in a clear, simple style, the shocking facts underlying the taboo. So the world moves.

OUR FRIENDS THE LAY NURSES

Thanks to the active, prompt work of organized nurses in Great Britain, the question of registration on a sound basis is to be threshed out at a coördinated meeting where all those of many views will meet. Let us hope it will be settled honorably. It would be too black a piece of ingratitude if the English public at this moment should deal the trained, professional, organized nurses of their country a stab in the back.

A TILT IN THE COURTS

Mrs. Fenwick, the fearless one with her lance, the *British Journal of Nursing*, is opening a legal action with Messrs. Macmillan and their editor of the *Nursing Times*, whose names we almost fear to speak lest they look this way. We wish we could be in court when the case opens.

A BEQUEST TO DR. HAMILTON

Dr. Anna Hamilton has had a noble gift of a beautiful and extensive domain bequeathed to her by an unmarried French lady, for a convalescent hospital and country home. It was deeded to her before the war, but because of various delays the government has just notified her that she may take possession of it. She is naturally as happy as can be over the prospect of creating her ideal hospital in this lovely place, but must raise the money to build and run it. How hard it is to get money for growth and help! How easy to find it for death and destruction! Americans who are able to help France could not do a more genuine and lasting service than to help Dr. Hamilton find this money.

AS TO PREPAREDNESS

Dear fellow-nurses, whatever you do after these various wars are over, do not, I earnestly beg of you, do not unite in "Veterans of" this, that and the other part of any fray! Oh, how truly it is to be desired that the "international idea" will again arise, that the spirit of international amity and comity will be able to counteract the tendency to petty sectionalism and narrow intolerant patriotism now rampant. Is there anything more lamentable than to see women, and nurses especially, imitating the vain rivalries of men, echoing their absurd war cries, showing the clan spirit and perpetuating the memory of feud and clash? I hope we shall not have "Mexican War Nurses" or "European War Nurses" or any kind that applaud and foster the war spirit—blight of nations. Surely women should now give men a new lead, not follow them in their old barbarous customs. A new lead, a new note, an independent stand, with a clearer, farther vision than fighting man has held.

A NURSE ON THE ANTI-PREPAREDNESS COMMITTEE

Miss Wald will go to introduce the speakers on the national tour of this committee, whose announcement states in the form of a resolution its conviction that:

> The various militarist organisations masquerading as "defense" societies and falsely claiming that they alone can speak for American patriotism are deliberately creating a widespread condition if hysteria as to the safety of this country and the danger of foreign invasion, and this reckless propaganda of militarism and jingo-imperialism if allowed to go on unchecked will inevitably lead to the destruction of the principles of liberty and freedom upon which the hope of American democracy is based.

This tour of the large cities will have been made by the time this is printed.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

MARY M. RIDDLE, R.N.

Collaborator: ADDA ELDREDGE, R.N.

REQUISITION DAY IN THE HOSPITAL

The best and most economical method of keeping the hospital supplied with the necessities for its smooth and useful career has been the study of all who have ever undertaken the care of an institution. In these days, when many hospitals are giving courses in the administration of institutions to nurses desiring to take advanced work, they are somewhat equipped before undertaking the difficult task of superintending a hospital and do not find themselves in the position of the young nurse who took charge of a small institution with good intent and a firm purpose not to be extravagant and thereby embarrass the work. Accordingly, she one day ordered from the grocer what seemed to her a goodly amount of tapioca for her family of twenty-two and with some trepidation asked him to send the bill. He looked askance at her but desiring the patronage of the institution, said nothing and delivered the tapioca with the bill, which amounted to less than ten cents. She found she had a scant supply of tapioca for her purpose.

Another young woman in a similar position, who was ignorant of the amount of food required per patient or individual, ordered for six people sufficient brook trout to nearly fill a ten quart pan. She distributed brook trout throughout the neighborhood and was a sadder and a wiser woman. These two young women were not unusual in their ignorance. They had simply not before been confronted by such circumstances. Neither of them knew much about brook trout or tapioca, excepting as they were served for dinner. Successful superintendents have often been heard to confess that they knew the value of almost nothing when undertaking the work they had later so well in hand. They did not know what should be paid for a pound of butter nor for a spool of thread.

Happily it is no longer necessary that women so totally unprepared should assume the responsibility of caring for an institution, either for its sick or its property. It would seem that they should not and in time they will not be employed without practical knowledge of admin-

istrative affairs. Meantime there may be one who is struggling with the elements for success in her rather small hospital and it is hoped that an account of requisition day may aid her a little in outlining her plan for procedure.

In the first place, one cannot decide intelligently what is required until one knows what one's equipment actually is and how much it is used day by day. The inventory will furnish the information in the first instance and inspection in the second.

Let it be understood that it is desirable to know how one is ending the current month and ready to begin the new. An inventory of the ward property is taken two or three days before, let us say on the last Monday of the month. The process of taking the inventory in the ward should be assumed by the nurse in charge. It is always a nerve-racking piece of work, because the dread of finding the total short and of being unable to account for it fills the busy nurse with consternation. Possibly it might not be so if she were not busy in so many other ways as to be unable to concentrate her attention upon the inventory.

However, it is a *good* and she knows it, because by it she is given valuable information and by reason of it her ward property receives better attention than it otherwise would. For instance, the bath thermometer is not nearly so likely to be loaned without an account of its whereabouts being kept, neither are the pillows taken off the ward beds for a private room somewhere else, except by her knowledge and consent. The day for the inventory is surely a day of reckoning.

The nurse having made the inventory knows that her articles are in one of three classes, viz.: in use, worn out, or missing. It is for the missing that her heart yearns. It may be that ninety and nine ward towels are safely accounted for, but the missing *one* is never to her credit and she seeks it. After the inventory is complete, she presents it to the superintendent with a list of the worn articles and a request that they be replaced. She also offers some explanation of the missing ones. The superintendent, wishing to see the worn and broken articles in question in order to decide upon their usefulness or worthlessness, has them taken to a convenient place for her inspection. It is assumed that the worn linen comes directly from the ward, as central linen rooms are not commonly found in the so-called small hospital, neither is there a seamstress constantly employed. Each article is carefully examined and a decision made as to the possibilities for repairs and the economy of making them. She knows the fallacy of putting twenty-five cents worth of work into a ten cent article. Perhaps she never employs a seamstress and consequently calls upon anyone with a few moments of spare time to spend them in "sewing tears" in

the inspection room. In that case she will doubtless leave very definite instructions with the articles as to how they shall be mended.

One superintendent made a practice of pinning notes to the articles to be repaired. Naturally they were more remarkable for their brevity and directness than for their elegance, as she once clearly appreciated when she overheard the little nurse who was sent to sew for a few minutes, remark to her fellow worker as she read the inscription "Darn this hole,"—"That exactly expresses my opinion, but I did not think our lady superintendent would speak in that way." The superintendent passed beyond the range of hearing rejoicing in her pupil's ability to see the humor in *anything* so near the end of a long and tedious day. Notwithstanding the fun at her expense the superintendent believed it to be a good method and continued it, because by so doing the mending did not require further close attention from her.

After the decision is rendered as to the number of articles to be repaired and given back to the ward, it is concluded to give enough new ones to make the difference between the repaired and the whole number of worn articles.

After sufficient time has elapsed to prove that the missing items are beyond recall, and after further search has been made for them, they should be replaced. Doubtless great care and attention was given to stocking and furnishing the hospital and in most cases it is desirable that the number or amount be maintained. It is, however, a very grave mistake to have a stock in excess of the actual needs. One takes better care of the property when knowing that it has no duplicate or at least that the number is limited. An authority on hospital management was wont to say that no hospital should be equipped for the maximum of service but rather for the minimum, with a reserve stock to be loaned the wards in a grave emergency and returned when the emergency has passed.

The broken crockery and other broken and worn out articles, such as brushes, rubber goods, glassware and the like, next receive the superintendent's attention. Wisdom and economy suggest saving all glass tops, all china teapot or cocoa pot covers or parts of anything which might replace a like broken part on the next requisition day. Returned or turned-in blankets are a cause for great discouragement on requisition day for several reasons; first, their initial cost is great and the superintendent deplores the carelessness of her nurses and other assistants who are apparently unmindful of that fact; second, they are one of the staples or fundamentals whose evident nicety as well as superiority contribute much to the comfort of her patients and she is loath to lose anything that increases their happiness or adds to their well be-

ing, but if they are no longer useful as bed coverings, the fact must be accepted and their parts made as serviceable as possible in other ways. Those parts which are denominated "just rags" may profitably be saved and later made into a rug to be used at the bedside of some appreciative nurse or other member of the hospital family.

Rubber hot water bottles are in the class with the moths that fret the garment of economy. A volume might be written about the care and use of rubber goods and especially of hot water bottles, but not here. After having made a decision that they are past their usefulness, there is little else to do with them than to consign them to the box into which go so many of the articles with which they have been associated, to await the arrival of the junk man. It is a pity that in these days of utilizing the by-products, there is not some way of rejuvenating hospital rubber goods. To be sure they can be mended, but the success is so doubtful as to offer little encouragement to the mender.

Why some inventive genius has not discovered other less easily destructible material for hot water bottles has often been a question in the mind of the writer. If canvas makes good hose for the hard usage of the city fire department, would it not make hot water bottles?

All screw tops, stoppers, etc., must be saved for use another time.

Rubber sheets may often be cut over for a like use on infants' beds, after thorough cleansing.

By way of digression it may be said that rubber sheets would last much longer if not folded when idle, but rolled upon the handle of an old broom that has hitherto been sent to requisition. It is a pernicious habit among nurses to fold a rubber sheet when its size does not quite suit the immediate purpose. It would better be cut and the unused part saved, for it is sure to break in the fold.

For one's own encouragement it is a good plan to mark rubber sheets with the date of issue; then too, as the dealers are quite inclined to warrant their rubber sheeting for a certain length of time, the date of issue is an aid to verification either way.

Old burned-out electric lamps, which were formerly consigned to the dump, now have a market value and should be saved.

Every other article in the list merits careful inspection and consideration for its ultimate disposal.

The superintendent who is responsible for this motley array of "stuff" is prone to discouragement at the spectacle. She knows better than any other person the cost in money and the cost in obtaining,—she knows the labor spent in writing various dealers for their consignment and the number of times the articles were returned before just the right ones were secured; she knows the number of trips she, herself,

made to the city in order that there might be a full supply; maybe she knows that her powers of eloquent persuasion were exercised to their utmost in obtaining the appropriation for purchase; perchance she knows there has not been the customary care in their use and treatment, hence the barometer of her spirits goes down and with a heaviness of heart and an inward resolution of renewed vigilance she has all removed and calmly awaits the morrow which discloses a different picture in the fine array of new material brought from her treasured collection of "stock on hand" and awaiting her sanction for issue. She is still a little perturbed for, as yet, she does not know the length of the list for purchase, which must be considered immediately after the issue of what she has had in reserve.

ETHICS AS APPLIED TO THE WORK OF THE SCHOOL NURSE BY THE CHICAGO STAFF

By GENEVIEVE CONWAY

As the children are the medium through which the parents are reached, they are sometimes easy of access, especially if the child is in dire need of our services. Many parents, however, do not see the importance of correcting defects that to them seem minor, but which the nurse knows are very serious, and which may, if not corrected, handicap the child through life. In such cases we must be patient, kind and sympathetic, and have due respect for the superstitions of some, the traditions of others and the religion of all. We often hear how well a nurse controls her patient. Her control beyond doubt is based upon her ability to understand his need from *his* point of view. So with the parents, we must be able to get their point of view before we can expect them to get ours. Sympathy and observation will teach us to put ourselves in their places and to some extent realize what mental suffering it causes them to have their children undergo what to us may seem a simple operation. We should try to allay their fears, and at the same time make them realize how important it is for the child to be given an equal chance with the well child to develop into a perfect citizen.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

THE RICE DIET.—Dr. L. Duncan Bulkley presents in the *Medical Record* the results of his personal experience of the remarkable effect of a rice diet in controlling certain acute inflammatory conditions of the skin, notably in an acute agonizing attack of vesico bulbous eruption on the hands. The diet consists exclusively of rice, butter, bread and water, nothing else for each meal three times a day, for a specified time, depending on the severity of the case. Well-boiled rice is eaten hot with butter and a little salt, no milk or sugar. It is slowly and thoroughly masticated to secure the full action of the saliva. White wheat bread is used, twenty-four hours old, well chewed; water, hot or cold, not iced; half a pint of hot water, in addition, one hour before the morning and the evening meal. This is followed by a diet principally vegetarian. Besides benefiting an acute eczema, it greatly relieved a severe case of rheumatoid arthritis, the hands, which were distorted and firmly flexed, becoming limber.

FACIAL ERYSIPELAS.—A French surgeon has been successful in the treatment of facial erysipelas by the continued application of a 5 per cent solution of mythelene blue. The solution was applied by a camel's hair brush or cotton swab to the diseased surface and for an inch beyond on the surrounding tissue. It was renewed twice daily.

A NATIONAL LEPROSARIUM.—*The Journal of the American Medical Association* refers to the fact that a bill is at present pending before Congress providing for an appropriation of $250,000 for the erection of buildings, the maintenance and salaries of a national establishment for the care of lepers. In practically all the cases, the patients of this class have contracted the disease outside the United States. It has been estimated that there are from 800 to 1,000 cases in the country and the number is increasing. Three states now have permanent leprosariums. It is stated that the danger of contagion is about one-hundredth as great as in tuberculosis. Twenty-four lepers are permitted to live in their homes in New York City and to engage in their usual occupations, after consultation by the authorities with the leading dermatologists of the city.

MEDICAL PROGRESS.—*The Medical Record*, having completed its fiftieth year of publication, devotes some space to a retrospect of half

a century's advance in medicine and surgery. The advance of applied medical knowledge is strikingly illustrated by the difference between the tuberculosis statistics of mortality in New York City in 1870—421 per 100,000 of population, and in 1914—169 per 100,000. Plaster of Paris bandages were first introduced by a Belgian army surgeon, Mathysen, who died in 1878, and were improved and popularized by another Belgian, Herbert van de Loo, who died in 1883. Iodine was introduced into surgery by Moestig Moorhof in 1880. The rise of trained nursing receives a tribute. "The tendency of the present is to regard the art of nursing as an independent vocation, as an adjunct and auxiliary to medicine." The words of the great German clinician, Von Leydon, in 1897, are quoted "The nursing of the sick, already recognized in its full importance, is rapidly becoming an essential and indispensable branch of scientific medicine."

Constipation in Children.—*Practical Prescribing* says agar-agar cut into very small pieces and eaten with milk or cream, like a breakfast food, with the addition of malt or sugar, makes a palatable and gentle laxative for children. The ordinary quantity given is one teaspoonful night and morning.

Colic.—The same journal recommends, for an acute attack of colic in children, the injection of from ten to fifteen ounces of soapy water, also hot fomentations to the abdomen and a dose of castor oil, if the usual cause, offending material in the bowel, is present.

Aerial Conveyance of Infection.—A writer in the *Lancet* reports experiments in the nursing of various forms of infectious diseases in the same hospital ward under ideal conditions of space and ventilation. He concludes that scarlet fever infection and rubella are not carried by air; the infection of diphtheria is not considered to be air borne. While there was an infection of mumps, it was not thought to be air borne. It is doubtful whether whooping-cough is air borne or not. He is satisfied that chickenpox is air borne early in the disease and it is difficult to determine when it ceases to be so. He does not accept the view that this disease is infectious until the last scab has separated from the patient's skin and thinks it needless to keep the chickenpox patient apart from others as long as is generally considered necessary.

Blunders in Treating Eye Infections.—*The Journal of the American Medical Association*, in a synopsis of an article in a German contemporary, says that harm is likely to follow the mistaken practice of bandaging the eye when there is much discharge, or pus. It should be allowed free escape, not even a protecting cover being required. A protective dressing is necessary when there is a foreign body in the cornea, or one has just been removed from it. It is indispensable

where there is gonorrheal trouble in one eye and the sound one must be protected against its secretions.

STARVATION TREATMENT OF DIABETES.—The treatment of diabetes mellitus by starvation, inaugurated and practised by Dr. Frederick M. Allen of the Rockefeller Institute Hospital and used in the Massachusetts General Hospital, has excited much interest. The patient is put to bed and no food allowed except one ounce of whiskey every two hours, given in black coffee, from 7 a.m. to 7 p.m. Sodium bi-carbonate, two drachms every three hours, is given if there is evidence of acidosis, as indicated in the urine. This diet is continued until the patient is sugar-free, usually two or three days. When this occurs he is allowed to get up and is placed upon a diet of vegetables containing 5 per cent carbohydrate. A moderate amount of fat in the form of butter may be given. The proteid, fat and carbohydrate are gradually raised, bearing in mind that an excess of proteid is an important factor in glycosuria. It is stated that if the diet is raised very slowly, sugar will not reappear. The essential points are: it is not dangerous to starve a diabetic, two or three days sufficing almost always to make a patient sugar-free; after starvation the diet must be raised very slowly; an excess of proteid can produce glycosuria; it is not desirable for all diabetics to keep their weight.

ARTIFICIAL ECZEMAS.—A French surgeon states that eczema may develop around a wound from the too prolonged or needless use of iodine, or hydrogen dioxide. No efforts need be made to heal it; if the skin is let alone it will recover.

LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

OPINIONS OF PRIVATE DUTY NURSES

I

DEAR EDITOR: I see in the March JOURNAL, in Editorial Comment, that private duty nurses contribute a small amount of literature to the JOURNAL and are the most critical. That may be true, but I wish to say one private duty nurse fully appreciates all efforts made in the JOURNAL literature. The departments are all inspiring and beneficial. The work of the Foreign and Red Cross Departments, I find especially interesting.

Indiana. B. B. K.

II

DEAR EDITOR: I have been much interested in your article relating to private duty nurses organizing and, through that organization disciplining or weeding out unfit or unprofessional nurses. I hope you will often repeat the fact that there is too much organization. It seems to me that it means putting responsibility on some one else, rather than realizing that we, as individuals, need to be upholders of what we represent. Careful drilling in that line while under instruction in the training school will impress the fact, though we know all do not live up to their training, and instructors in every branch who live what they teach will do much. The alumnae members should be loyal to the school as well as to each other. I think that possibly if our conventions were held every two years, instead of every year, more effort might be made by a greater number of nurses to attend.

Rhode Island. H. J. B.

SALARIES OF CANADIAN RED CROSS NURSES

DEAR EDITOR: Several months ago I read a letter in the JOURNAL which stated that the Red Cross nurses from Canada receive only $20 a month while on overseas service. I think in justice to the Canadian government, an explanation should be made. The Red Cross nurses of Canada are not, as in the United States, the government militia nurses, but a very different organization. The Red Cross nurses serve under the British Red Cross Association and they do not employ all graduate nurses. The Canadian government sends only graduate nurses with the title of lieutenant, the matron or supervisors having the title of captain. The militia nurses receive $3.60 a day and all expenses; an extra allowance is given for the uniforms. The large proportion of nurses who have gone from Canada, have gone as militia nurses.

Ottawa. A. G. S.

OPPORTUNITIES IN CHINA

DEAR EDITOR: There are a number of varieties of nursing, the trained young woman may elect what her career shall be. Now and then one is willing to go, feels the "call," to the mission field. The mission boards of the well-organized denominations can always use such. The Yale Mission at Changsha in the heart of China is building up a medical work that is attracting attention. Dr. Welch of Johns Hopkins lately laid the corner-stone of a $200,000 hospital, and about this a medical school will open this fall. There are already five doctors on the ground, including one woman, and more are sought. The training of nurses is a part of the medical organization. Forty Chinese young men and women are taking a three-years' course in two schools (to meet native ideas). One highly-trained American woman has been with the work for some years; two others (Johns Hopkins trained) have spent short terms there. There are compensations enough in China, but all things considered, only one who is much in earnest in a life career in the training of Chinese girls to her profession will be contented. Such an one may feel that she is engaged in laying foundations in the New China. There are funds available for the support of a nurse in training school and hospital; also for a social service nurse. The China Medical Board is interested in the Yale project and is contributing to it.

5 White Hall, New Haven, Connecticut. SECRETARY YALE MISSION.

ETHICS AS APPLIED TO THE WORK OF THE SCHOOL NURSE BY THE CHICAGO STAFF

BY GENEVIEVE CONWAY

Loyalty and appreciation can best be shown by following instructions carefully and receiving suggestions graciously. Because one has been a success in other branches of our profession, it does not follow that there is nothing to be learned in this branch. Such an attitude of mind is fatal to a woman's usefulness in any line of work. If the supervisor sees or feels that the field nurses are not with her in sympathy and interest, as well as in carrying out her orders, she will feel that her instructions and suggestions are not having a fair trial. If we are not open to suggestion, we are told, it is a sign that we have outlived our usefulness.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

The American Nurses' Association

The report of the proceedings of the nineteenth annual convention and the papers read will be given in the June issue of the Journal. Extra copies of this Journal may be purchased for twenty-five cents each from the editorial office in Rochester. As the convention is in progress at the time this magazine is in press, no reports can be given in this issue.

REPORT OF THE ISABEL HAMPTON ROBB FUND, APRIL 8, 1916

Previously acknowledged	$18,686.07
New York County Registered Nurses' Association	74.90
Arnot Ogden Memorial Hospital Nurses' Alumnae Association, Elmira, N. Y.	10.00
St. Barnabas Hospital Alumnae Association, St. Paul, Minn.	10.00
Nurses in Tuberculosis Division, Health Department, Baltimore	5.00
Training School, Anna Jaques Hospital, Newburyport, Mass.	10.00
Nancy E. Cadmus, New York City	20.00
Alumnae and members of the Department of Nursing and Health, Teachers College	2.00
Evelyn Wood (sustaining)	2.10
Worcester Central Registry for Nurses, Worcester, Mass.	100.00
Additional from New York City League of Nursing Education	.60
Marietta I. Barnaby, Superintendent, Henry Haywood Memorial Hospital, Gardner, Mass. (sustaining)	2.00
Anna L. McCoy, Lebanon, Pa.	1.00
Alumnae Association of Nurses, Kings County Hospital, Brooklyn, N. Y.	25.00
Mrs. William Church Osburne, president Women's Board of Managers, Bellevue Training School	5,000.00
From the State Hospital, Ogdensburg, N. Y.:	
Alumnae Association of Nurses	15.00
Senior class	2.00
Intermediate class	5.00
Junior class	2.00
White pupil nurses, University Hospital, Augusta, Ga.	10.75
Members of Graduate Nurses' Association, Augusta, Ga.	22.00
$1.00 from each of the following: Elizabeth White, Carietta Fowke, Emma Dozier, Elizabeth Woodson, Louise Tommins, Alice Gardner, Mae Harrell, Margaret Culbertson, Mary Arlie Reice, L. E. Seago, Bertha Whattey, Mary Turner, Janie Hall, Mrs. M. A. Murphy, Mrs. M. Postell, Agnes Martin, Carrie Ransom, Ethel Wheeler, Mrs. Alstyne B. Thorpe, Angela Sullivan, K. M. Gallagher, Mary A. Moran.	
New England Hospital Nurses' Alumnae Association, Boston, Mass.	10.00

St. Joseph's Hospital Alumnae Association, Paterson, N. J.		$5.00
Field Nurses, Chicago Health Department		30.00
Public Health Nurses in Massachusetts, through Miss Beard		53.50
Nurses of State Hospital of Middletown, N. Y.		
Agnes M. Valley	$1.00	
Junior Class	4.90	
Mrs. Lillian Hunter	.25	
Harriet Griffin	.25	6.40
Faculty, graduates and pupils in Training School for Nurses, Pine Heights Sanatorium, N. Augusta, S. C.		11.50
Graduate Nurses' Association of St. Louis, Mo.		10.00
Graduate Nurses' Association of El Paso, Texas		10.00
Milwaukee County Hospital Training School for Nurses, also Mrs. Ida Barton, Dr. J. E. Boland		11.50
Grace Hospital Alumnae Association, Detroit Mich.		34.00
Grace Hospital Alumnae Association, New Haven, Conn.		5.00
Alumnae Association of Hospital for Women and Children, Syracuse, N. Y.		25.00
Graduate Nurses' Association, St. Joseph County, Ind.		10.00
Nurses in work in milk stations, New York City		3.10
Alumnae Association, Homeopathic Hospital, Rochester, N. Y.		20.00
Margaret Graham, New York City		5.00
Sarah J. Graham, New York City		5.00
A member of New York County Registered Nurses' Association, through Marie A. Pless		10.00
Louise M. Iselin, Manager Bellevue Training School for Nurses		25.00
Grace B. Cook, Cleveland, Ohio (sustaining)		2.00
Ellen T. O'Connon, Treasurer, Salem Hospital Alumnae Association, Salem, Mass.		5.00
		$24,302.42

All drafts, money orders, etc., should be made payable to the Merchants' Loan and Trust Company, Chicago, Ill. All contributions should be sent to Mary M. Riddle, Treasurer, Newton Hospital, Newton Lower Falls, Mass.

MARY M. RIDDLE, *Treasurer.*

REPORT OF THE RELIEF FUND, MARCH, 1916

Receipts

Previously acknowledged		$1,483.20
Interest on bonds		40.00
St. Louis Training School Alumnae Association, Mo.		10.00
Alumnae Association, St. Joseph's Hospital, Kansas City, Mo.		5.00
Oklahoma State Association of Graduate Nurses		25.00
Lucy P. Jackson		1.00
New Jersey State Nurses' Association		25.00
Elizabeth Breidenbach, Orlando, Florida (Spears Memorial Hospital Alumnae Association)		1.00

Mrs. H. W. Smith, through Emma Elisabeth Golding, New York City	$10.00	
Anna C. Maxwell, New York City	25.00	
Anna L. McCoy, Lebanon, Pa	1.00	
Ellen V. Robinson, Chicago, Ill	5.00	
Alumnae Association, St. Luke's Training School, St. Louis, Mo	20.00	
Brooklyn Hospital Training School Alumnae Association.	25.00	
Annie E. Rece	3.00	
St. Joseph's Hospital Alumnae Association, St. Paul, Minn.	25.00	
St. Joseph's Hospital Alumnae Association, Paterson, N. J.	5.00	
Nurses' Registry Association of Colorado Springs, Colo...	25.00	
Monroe County Registered Nurses' Association, Rochester, N. Y.	10.00	
Maria E. Retsbach, St. Louis, Mo	2.00	
Pennsylvania Hospital Alumnae Association, Phildelphia	25.00	
Eleanor A. McI. Jones, Johns Hopkins Hospital Alumnae Association	5.00	
Calendar fund, Oklahoma State Association	68.00	
Ohio State Nurses' Association	25.00	
Hennepin County Nurses' Association, Minneapolis, Minn.	25.00	
		$1,894.20

Disbursements

North Carolina State Nurses' Association		
Application approved No. 1, 14th payment	$10.00	
Application approved No. 2, Houston, Texas, 3d payment...	5.00	
Application approved No. 3, San Francisco, Cal., 2d payment	15.00	
Application approved No. 4, 1st payment	60.00	90.00
		$1,804.20
13 Bonds		13,000.00
2 Certificates of stock		2,000.00
April 1, 1916, Balance		$16,804.20

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144 St., New York City, and cheques made payable to the Farmers Loan and Trust Company, New York City.

For information address Mrs. W. L. Crass, Montesano, Washington.

M. Louise Twiss, *Treasurer*.

THE NATIONAL LEAGUE OF NURSING EDUCATION

The National League of Nursing Education wishes to announce that it has still a number of copies of the reports of 1913, 1914, and 1915 which can be obtained from the secretary, Isabel M. Stewart, Teachers College, Columbia University, New York City. The cost per copy is one dollar, with postage in addi-

tion. These reports contain many extremely interesting and valuable papers on every phase of training-school work and many of the members who have been receiving them regularly write that they find them invaluable.

1915 reports sent to the following members have been returned because of wrong address: Ethel L. Chisholm, Mrs. Jennie S. Berry, Virginia M. Porter, Marcella Doyle, Amelia L. Smith, A. Lapman, Aida Langley.

If these people, or any of their friends, will notify the secretary of their new addresses, the copies will be forwarded at once.

ISABEL M. STEWART, *Secretary.*

ARMY NURSE CORPS

Appointments.—Anna H. Johnson, graduate of Wesley Hospital, Chicago, Illinois; assistant superintendent, Beloit Hospital, Beloit, Wis.; superintendent, Monmouth Hospital, Monmouth, Ill.; assigned to duty at the Letterman General Hospital, San Francisco, California. Mary W. Wilson, graduate Philadelphia General Hospital, Philadelphia, Pa., and Catherine A. Ryan, Hahnemann Hospital, Rochester, N. Y.; assigned to duty at the Walter Reed General Hospital, Takoma Park, D. C..

Re-Appointment.—Alice W. Cline, graduate of Medfield Insane Asylum, Medfield, Mass., and Brockton Hospital, Brockton, Mass.; post-graduate work at Harlem Hospital, New York; assigned to duty at the Walter Reed General Hospital, Takoma Park, D. C.

Transfer.—To the Army and Navy General Hospital, Hot Springs, Ark.: S. Elizabeth Blodgett.

Discharges.—Ethel S. Williamson, Nena Shelton, Madeleine M. Pampel, Mary W. Norton.

DORA E. THOMPSON,
Superintendent, Army Nurse Corps.

THE NATIONAL ASSOCIATION FOR THE STUDY AND PREVENTION OF TUBERCULOSIS

This association will hold its annual meeting at Washington, D. C., May 11–12. The various sections, Sociological, Clinical, Pathological, will offer much of value to nurses.

UNITED STATES CIVIL SERVICE EXAMINATION

An open, competitive examination will be held on May 17 in various cities of the country for the position of head nurse of the operating room at the Freedmen's Hospital, Washington, D. C. Applicants should apply for the proper form at the Civil Service Commission, Washington, D. C. or at the headquarters of the Commission in their own city. Such examinations are always advertised in the local newspapers.

Alabama: Birmingham.—ST. VINCENT'S HOSPITAL ALUMNAE ASSOCIATION held its monthly meeting on March 15, and after routine business Dr. Cunningham addressed the nurses on Post-Graduate Work, advising them not to be satisfied with less than the very best service they could give. Continuing the course taken up by the association, using Isabel Hampton Robb's book on *Ethics*, Mary Denman read the chapter on Qualifications of a Nurse, and Helen L. Shepherd read an original humorous poem on Physiology. THE LOCAL RED CROSS NURSING SERVICE, assisted by the Graduate Nurses' Associations of Birmingham and

Montgomery have recently sent to France a large supply of comforts for wounded men. THE RED CROSS nurses expect to be on duty during the Confederate Veterans Reunion to be held in May. CATHERINE CANTY has accepted a government position in New Orleans as assistant in malarial investigation. THE MISSES ZELBERG, HINSON, SHEPHERD, PALMIS, EDBERG and ELIZABETH WALKER have been appointed to assist in the Alabama Illiteracy Campaign.

Arkansas.—THE ARKANSAS STATE BOARD OF NURSE EXAMINERS will meet at the State Capitol, Little Rock, May 23-24. Please communicate with the secretary, Mrs. F. W. Aydlett, 1200 Park Avenue, Little Rock, for further particulars.

Colorado: Colorado Springs.—An experiment station for the study of invalid occupations has been established under the care of Susan S. Harris. Instruction is offered to invalids, pupil nurses and graduate nurses. At a recent meeting of the Nurses' Registry Association the following officers were elected: president, Emma Margeson; vice-president, Mary Taylor; secretary, Hannah Worthington; corresponding secretary, A. M. Musilik; treasurer, Clara E. Follmer.

Connecticut: New Haven.—THE CONNECTICUT TRAINING SCHOOL ALUMNAE ASSOCIATION held its regular meeting in April, and elected Miss Flang to represent the association at the convention in New Orleans, as Miss Churchill's health did not permit her to attend. The committee on the entertainment, which was held on March 29, reported $80 as the proceeds, for the Infirmary Fund. Miss Horton, of the Organized Charities, read an interesting account of her work as visitor.

Georgia: Augusta.—MARY A. MORAN, for thirteen years superintendent of the University Hospital and Training School, has been obliged by ill health to resign her position, and for at least a year must rest. Miss Moran is a graduate of the General Hospital, Philadelphia. The labor involved in opening and systematising the New University Hospital a year ago, after she had been temporarily disabled, proved too much, and to the regret of the medical and hospital staff, as well as of the community generally, Miss Moran feels she can no longer continue in the work. The esteem in which she is held by all classes in the city, proves the influence which hospital superintendents may exert outside of the institutions which they manage. **Savannah.**—THE REGISTERED NURSES' ASSOCIATION held its regular monthly meeting at the Savannah Hotel on March 29. Mary Walsh was elected delegate to the convention of the American Nurses' Association, with Helen Hatch as alternate. The members have access to the Library of the Georgia Medical Society, and have decided to place all of the important nursing journals in a reading room to be devoted to this use. HELEN MOIR, for four years superintendent of the Telfair Hospital, has resigned to take a like position in the French Hospital, New York City. The nurses presented her with a diamond bar pin, in token of their appreciation of her voluntary services in conducting the directory.

Illinois.—The Illinois State Board of Nurse Examiners will meet in Chicago, July 11 and 12, and in Springfield, July 18 and 19, for the purpose of conducting examinations for the state registration of nurses. It is expected that down-state nurses will take advantage of the Springfield examination, thus reducing their expenditures and relieving the congestion of the largely attended examinations in Chicago. Applications for both examinations are due to be filed on or before July 1, 1916. For application blanks and information, address the secretary, Anna L. Tittman, R.N., State Capitol, Springfield, Ill.

Illinois: Chicago.—The Illinois Training School Alumnae Association gave a benefit performance of The Birds' Christmas Carol, by the All-Star Company of the school, for the Isabel Hampton Robb Fund, on March 17, in Congress Hall. The entertainment was a success and over $100 has been collected for the Fund. Contributions may be sent to Jessie Breese, 3518 Congress Street. The annual banquet of the alumnae association to the members of the senior class will be held at the Sherman Hotel, 8 p.m., May 24. Remittances for tickets should be sent to Mrs. C. D. Wescott, 1350 East 58 Street, Chicago. Bessie Russell, class of 1915, Illinois Training School, is in charge of the Seward Park Infant Welfare Station. Elsa Cameron, class of 1915, has accepted a position of surgical nurse at the Iron Mountain Hospital, Trimountain, Mich. Louise Egle, class of 1907, and Mae Connard, class of 1913, sailed for Germany February 17, with a hospital unit sent by the American Physicians Expedition. They expect to have charge of a hospital of 450 beds on the eastern battle front. Dr. and Mrs. Richter are accompanying them. Bessie Young, class of 1914, has accepted a position of surgical nurse in Hastings, Neb. Frances Stuart has a position as night supervisor in San Diego, Calif. Elizabeth M. Seymour has a position as surgical nurse, at the Gainesville Sanatorium, Gainesville, Texas. Clara Hoffman, class of 1910, with about 40 nurses from different schools, sailed for France on February 2. They will be stationed in the 23d, General Hospital, of which Dr. Neff has charge. Mary J. Fitzgerald has accepted a position at the Juvenile Detention Home. The School of Civics and Philanthropy is offering a course which has been especially prepared for nurses. There are 20 in the class. Catherine Robinson has accepted a position as surgical nurse at the Rockford, Ill, Hospital. Lydia Stecke has accepted the position of assistant to Gladys McCune at the Lake County Hospital, Hankegan, Ill. Eleanor Soukup is in a hospital in Persia, which is supported by Americans living in Petrograd, Russia. Gertrude Peterson is engaged in visiting-nurse work in New London, Wis. Nellie Halden has recently taken charge of the surgical clinics at the University Hospital, Ann Arbor, Mich. Ellen Reed, class of 1908, has charge of a small hospital in Kemmerer, Wyo.

Indiana.—The Indiana State Board of Nurse Examiners will hold an examination for nurses in Indianapolis, May 24–25, 1916, Edna Humphrey, R.N. Secretary.

Iowa.—The Iowa State Registered Nurses' Association will hold its annual meeting at Burlington, May 18–19, Dr. Silvester of Iowa City, and Dr. Charles Emerson will be among the speakers. Miss Moritz, one of the first nurses sent to Europe, will read a paper on the 19th.

Iowa: Des Moines.—The Des Moines Registered Nurses' Association held its regular meeting in the Fleming Building on April 5. The report of the Directory showed that there had been a total of 614 calls for the quarter, 480 of which were filled. Four delegates to the State Convention were elected, Edith Robinson, Sara Sutton, Elma Swenson and Mary McCarthy. The Association entertained at a banquet on April 1 the nurses who had served on the publishing committee for the last two years, as a token of appreciation of special work. Nine nurses were guests. Mrs. R. H. Parker, one of the members, entertained the association on March 15. Emma Wilson has resigned her position as school nurse. She was one of the first nurses employed in this work and will be greatly missed. Laura Chennell will fill the position for the remainder of the unexpired term. On March 22, Esther Jackson, superintendent of the Iowa Lutheran

Hospital, who has accepted the position of superintendent at Augustana Hospital, was the guest of honor at a surprise party at the hospital, when she was presented with opera glasses by the medical Staff. Dr. Ryan made the presentation speech, and told of the esteem in which Miss Jackson is held by her associates, and the regret felt at her departure. EDITH HOKANSON, graduate of the Augustana Hospital, Chicago, has accepted a position as surgical nurse at the Iowa Lutheran Hospital. RUTH THORSELL has resigned her position in the operating room, and Florence Nelson has accepted the position of night superintendent, at the Iowa Lutheran Hospital. Miss Nelson is a graduate of the Bethesda Hospital, Minneapolis. FLORENCE LINDBLAD has resigned her position as operating room nurse at the Methodist Hospital and will assist Dr. Oliver J. Fay in laboratory work. MILDRED BENNINGTON, graduate of the Cook County Hospital has accepted the position of superintendent of the Kings Daughters' Hospital at Perry, Iowa. Dubuque.—CAROLINE BUTTERFIELD, superintendent of the Finley Hospital Training School, has resigned her position and will go to Piqua, Ohio.

Kentucky.—THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will hold an examination for state registration at the Good Samaritan Hospital, Lexington, Kentucky, on June 14-15, 1916, beginning at 10 a.m. For further information apply to the secretary, Flora E. Keen, R.N., City Hospital, Louisville, Ky.

Kentucky: Lexington.—On February 27, a body of nurses met in the old Christ Church Cathedral, for a memorial service in honor of Edith Cavell. At the request of the nurses the Very Reverend Robert K. Massie delivered an address, in which he paid an eloquent tribute to Miss Cavell and to the profession which she adorned. As the solemn and wonderful service of the Church of England was read and the words of the hymns were sung, many hearts went out in sympathy to the aged mother across the sea.

Louisiana: Shreveport.—THE SHREVEPORT NURSES' ASSOCIATION held its regular meting at the Charity Hospital, on March 10. Routine business was transacted, and a social hour enjoyed. The next regular meeting will be held at the Physicians' and Surgeons' Club Rooms.

Maryland.—THE MARYLAND STATE BOARD OF EXAMINERS FOR NURSES will hold an examination for State Registration May 31, June 1, 2, 3, 1916. All applications, including those for re-examinations, must be filed with the secretary on or before the fifteenth day of May. Mary Cary Packard, R.N., secretary, 1211 Cathedral St., Baltimore, Maryland. Baltimore.—THE MARYLAND LEAGUE OF NURSING EDUCATION held its regular meeting at the home of Helen Bartlett, on March 15. Anna Herkner gave a comprehensive and explicit talk of the laws pertaining to child labor. Tea was served. THE MARYLAND GENERAL TRAINING SCHOOL held graduating exercises in Lehman's Hall on the afternoon of April 18, diplomas being awarded to fourteen nurses. A banquet was held at the Rennert Hotel.

Massachusetts: Boston.—THE BOSTON NURSES' CLUB held its annual meeting on March 6, and voted to have a new Club House. It will be necessary to raise and advance $5,000 before the contract is signed, and it is imperative that definite information should be obtained immediately as to what prospect there is of being able to meet the requirement. The Club proposes to pay 5 per cent interest on all loans, and will pay them either as advance room rent, or as a straight loan as members prefer. THE INDUSTRIAL NURSES' CLUB has been organised with Nathalie Rudd as president and B. Magee, secretary-treasurer, 215

First Street, Cambridge. The Club has held monthly meetings. Its objects are to discuss the problems relating to the health and welfare of workers in industry, and to assist in the developing of an efficient and practical standard for the nurse in industry and also in furthering the prevention of illness. Any nurse who is a graduate in good standing of a recognised training school, engaged in industrial work, is eligible for membership. Applications for membership may be obtained from the secretary. THE HARVARD MEDICAL SCHOOL has prepared another Unit for service in Hospital Number 22 in the north of France, to supply vacancies and also to add to the staff, as there has been an increase of work since the seige of Verdun began. The Unit includes 20 surgeons, physicians and bacteriologists. The nurses and orderlies have signed for a year's service. The Unit is under the supervision of Dr. Harvey Cushing, and Dr. Richard P. Strong is a prominent member. All the members are ready to start at 48 hours' notice. THE WORKERS AT THE PETER BENT BRIGHAM HOSPITAL are sending from 25 to 55 cases of surgical supplies to various hospitals and centres of work for the troops of the Allies. The Boston Nurses' Club and the Guild nurses are helping. "BABY WEEK" was a great success in Boston. Leading baby specialists spoke at various centres, so that mothers need not travel long distances to receive advice. Several clinics in Infant Welfare have been established, generally in connection with the District or Visiting Nursing organisations.

Massachusetts: Hathorne.—THE STATE BOARD OF INSANITY appointed a committee in October, 1915, consisting of three medical superintendents of State Hospitals who would confer in the matter of arranging a uniform curriculum for the training-schools for nurses in the State Hospitals. This committee decided to solicit the opinions of the various superintendents regarding certain principles that would be involved in the establishment of such a curriculum, viz.: to have an educational requirement; to consider having a central board of examiners; to consider having a course for nurses and attendants; to affiliate with general hospitals; to include a short course in the Psycopathic Hospital in which special instruction would be given.

In November, this committee held a meeting with the superintendents of nurses to decide upon the subjects to be taught, the number of lecture hours, recitations, demonstrations, etc.

The definite object for the appointment of this committee is to raise the standards of our training-schools in all the State Hospitals, and while arranging such curriculum so that the greatest good would result to the training-schools as a whole, to still keep in sight the special conditions and requirements in each individual hospital.

As a result, a rather definite curriculum has been constructed, which is more or less an experiment, and will doubtless need some changes to make its working satisfactory.

The recommendations of the committee are briefly as follows: That the length of the training course for nurses shall be three years; that the training course shall include an affiliation with a general hospital, preferably one giving courses in surgery, obstetrics and children's diseases, and that the minimum length of this affiliation shall be nine months; that so far as practicable, this affiliation shall take place during the second year of training, and the training course at the affiliating school shall constitute the work of the intermediate year; there shall be a probation period, the minimum being one month, and in case of acceptance of the candidate, this period shall be considered a part of the three years' course;

that the educational requirements for admission to the training-course for nurses is to be one year in a high school, or its equivalent; that there shall be given a course for trained attendants, which shall have a minimum duration of one year; that all male attendants shall take a similar attendant's training-course, under the same conditions as given the female nurses; that there shall be a central board of examiners appointed by the State Board of Insanity, to be composed of five members, two medical superintendents and three superintendents of nurses; this board will conduct final and other examinations for each class in the nurses' course, but not in the attendant's course, and will have the power to visit the training-schools and made advisory recommendations to the State Board of Insanity.

In arranging the curriculum, it is understood that the number of lectures, recitations and demonstrations are based upon a minimum requirement, thus providing an opportunity for each training-school to develop, to some extent, individuality.

Michigan.—The Michigan State Board of Registration of Nurses will hold an examination for state registration in Detroit, Michigan, Hotel Tullar, May 31st, June 1st and 2nd; in Grand Rapids, Michigan, U. B. A. Hospital, June 20th, 21st and 22nd. Applications should be on file with the secretary at least two weeks in advance of these dates. Mary Staines Foy, R.N., secretary. **Detroit.**—The Wayne County Nurses' Association held its regular monthly meeting on April 7, and elected the president, Zoe LaForge as the delegate to the Convention of the American Nurses' Association. Agnes McInerney read a paper on Private Duty Nursing, written by Augusta Cooney. The Farrand Training School Alumnae Association held its regular monthly meeting on March 14, at the Swain Home. There was a large attendance, including the members of the senior class. The program of the afternoon was the Life of Isabel Hampton Robb as presented by Mrs. Gretter and Miss Collins. A large photograph of Mrs. Robb had been loaned for the occasion by Mrs. Gretter. The Woman's Hospital and Infant's Home Alumnae Association held its regular meeting on March 16 at the hospital. After routine business, Mrs. Frederick Holt gave an interesting account of her experience as a member of the Ford Peace Expedition. The Grace Hospital Alumnae Association held a regular meeting in the Helen Newberry Nurses Home, on April 11. An interesting report on European Life, was given by Mrs. McKensie Wood. Miss Rankin was appointed delegate to the convention of the American Nurses' Association, in place of E. May Phillips, who cannot attend. **Flint.**—A Tri-County Nurses Association was organised at a largely attended meeting held March 14, at King's Daughter's Home. The association will be known as The Flint District Graduate Nurses' Association and will include Genesee, Lapeer and Shiawassee Counties. A constitution and by-laws were adopted and officers were elected as follows: president, Anna M. Schill; vice-presidents, Mrs. Mary Miller, Maud McGregor; secretary, N. Christine Keyes; treasurer, Harriet Schroeder. A board of six directors was also elected. Regular meetings of the association will be held every alternate month, beginning with March. This is the first district association to be organised under the new state plan of districts, and gives promise of being a strong body. After the business meeting a social hour was spent in getting acquainted.

Minnesota: St. Paul.—St. Joseph's Hospital Alumnae Association held its regular meeting at the nurses' home, on March 10. Reverend Laurence Ryan,

city missionary, gave a talk on the opportunities of the nurse in social service. The association voted to send 25 dollars a year, for four years, to the Relief Fund of the American Nurses' Association. Martha Stilli was elected treasurer in the place of Jennie Barsness, who resigned.

Missouri.—THE MISSOURI STATE BOARD FOR THE EXAMINATION AND REGISTRATION OF NURSES will hold the next State Board Examinations as follows: Tuesday and Wednesday, June 20 and 21, St. Louis. Thursday and Friday, June 22 and 23, Kansas City. Mary E. S. Morrow, R.N., Secretary-treasurer, 417 East Main Street, Jefferson City. Mo. THE EMPIRE MISSOURI-KANSAS GRADUATE NURSES' ASSOCIATION held its annual meeting at the home of Mrs. Percy Whiteville, Joplin, on January 28, and elected the following officers: president, Sister Mary Alphonsus; vice-president, Elizabeth Hauser; secretary-treasurer, Paula Goettsch. The association was entertained at dinner by the nurses of Joplin. The regular monthly meeting was held at the Corner Hotel, Joplin, on March 30, when a lecture was given by Dr. S. A. Granthorn on Biology and Transplantation of Bone. At the next meeting, which will be held in Pittsburg, Kansas, the graduating class of Mt. Carmel Hospital will provide the program.

New Jersey.—THE NEW JERSEY STATE BOARD OF EXAMINERS OF NURSES will hold examinations for graduate nurses on June 20, 1916 in the State House, Trenton. Applications must be filed fifteen days prior to June 20, 1916. Information and application blanks can be procured of the secretary-treasurer, Jennie M. Shaw, R.N., 487 Orange St., Newark, N. J.

New Jersey.—THE NEW JERSEY STATE NURSES' ASSOCIATION held its fourteenth annual meeting in Passaic, on April 4. There was a good attendance, in spite of the inclement weather. The treasurer reported a good balance, and the chairman of the membership committee presented the names of nine individuals and three organisations, which were accepted into membership. Edward Ill, M.D., gave an interesting talk on the Control of Cancer, and an address on Public Health Nursing was given by John Ryan, M.D. The morning session closed with the address of the president, which treated the subject of Private Duty Nurses, their past labors and successes, their responsibilities and privileges, very forcefully, and advised strongly against the organisation of a separate organisation. The afternoon session opened with the report of the State Board of Nurse Examiners, as presented by the secretary, Jennie M. Shaw. Three examinations had been held, and sixty-four certificates granted. An interesting report from the County Society of New Jersey Graduate Nurses, First Division, was read. Annie W. Goodrich gave an inspiring address on What Shall be the Content of a Nurse's Education. The following officers were elected: president, Mary E. Rockhill, Camden; vice-presidents, Elizabeth Higbid, Paterson, Grace Carmichael, Passaic; secretary, Ingeborg Praetorius, Summit; treasurer, Mary J. Stone, Hackensack; trustee for three years, Arabella R. Creech. Bertha J. Gardner was elected delegate to the Convention of the American Nurses' Association, and the president, Miss Rockhill, will attend by virtue of her office. Miss Keane and Flora Moore were elected delegates to the meetings of the State Federation of Women's Clubs. A special meeting of superintendents was held in an adjoining room, with Helen Howes, of St. Barnabas Hospital, Newark, as chairman, and a State League of Nursing Education was formed. At the close of the meeting the retiring president, Arabella R. Creech, was presented with a silver loving cup, by Marietta B. Squire, in behalf of the affiliated societies of the State Nurses' Association. The next meeting will be held in Trenton. THE

Graduate Nurses of Trenton and Vicinity held a meeting on March 23, and decided to form a club, the objects of which are: to promote a mutual understanding of all branches of the nursing profession; to elevate the educational standard of nursing; to enable the members to act as a body, when necessary, for the supervision of the laws concerning registration; for social intercourse and to maintain club rooms. At a meeting held April 1, the following officers were elected: president, Fannie M. Gerson; vice-president, Mrs. Martin W. Peddan; secretary, Agnes M. Geith; treasurer, Florence L. Scarborough. The speakers at the meeting of March 23, were Arabella R. Creech, and James Kerney, editor of the Trenton *Times* who spoke of Organization from a Business Man's Point of View. The large attendance at the meetings, and the interest shown promise well for the new organization. The County Society of New Jersey Graduate Nurses First Division held its regular meeting at St. Mary's Hospital, Orange, on March 13, when J. H. Bradshaw, M.D. gave an interesting talk on Post-operative Care of Patients. The New Jersey State Organization for Public Health Nursing held a meeting at Elizabeth on February 19, and adopted a constitution and by-laws. Addresses were given by Dr. Millard Knowlton, Educational Director of Public Health, and Dr. Florence Johnson, of the Department of Child Hygiene and Nursing. It was voted that committees be appointed to inaugurate social meetings in the various districts in the state. The organization has a membership of 39, and has already received many communications asking for assistance in public health plans. The first annual meeting will be held on May 20, in the lecture room of the Third Presbyterian Church, Broad Street, Newark, when Ella Phillips Crandall and Mabel A. Parker are expected to speak. Long Branch.—The Monmouth Memorial Hospital Alumnae Association held its annual meeting at the Nurses' Home, on April 5, and elected the following officers: president, Meta Hulseberg; vice-presidents, Mrs. Harry Fleet, Jane C. Follette; secretary, Minnie Ireland; treasurer, Mabel Hall. The treasurer's report showed a good balance, and the membership now numbers fifty active members, seven of whom have married during the year. Atlantic City.—The Atlantic City Hospital Alumnae Association held its annual meeting on April 5, and elected the following officers: president, Nellie McCurran; secretary, Elisabeth B. Meyers; treasurer, Eva G. Campbell; board of governors, Constance R. Rowe and Grace Estegran. Following an address by Helen Greaney, tea was served through the courtesy of one of the graduates, Mrs. M. Fisher. Orange.—The Alumnae Association of the Orange Training School for Nurses held its regular meeting in the Nurses' Home of the Memorial Hospital, on March 15. Flora Moore and Mrs. Edward G. Roff were elected delegates to the State Association meetings, and A. C. McGrath was elected delegate to the Convention of the American Nurses' Association, with Mrs. d'Arcy Stephen as alternate. There was a large attendance, including several pupil nurses, and after the business session, two of the members spoke of their work, Kate Baker on Public Health work in New York, and Bessie Amerman of the Henry Street Settlement. A social hour followed. Passaic.—St. Mary's Alumnae Association held its quarterly meeting on April 12, and plans for a banquet were made.

New York: New York.—The New York City League of Nursing Education held its regular meeting at Bellevue Nurses' Home, on April 5. After the usual business matters had been disposed of, Miss Gambrill spoke on the subject of Vocational Guidance as applied to college women. Miss Gambrill who has

been making a study of the occupations in which college women have been engaged, showed by quoting from statistics that many change their initial occupations within ten years because of dissatisfaction and lack of success, due largely to the fact that most of them had drifted into vocations of which they knew little without many ideas of the qualifications necessary for success in the fields chosen Under three headings Miss Gambrill gave an ideal conception of what could be done to prevent such waste of time and material. (1) The colleges could conduct a Survey of Occupations. (2) An investigation to find out the qualities necessary for success in these vocations. (3) An analysis of individuals for identification of those qualities. The individual could then be fitted to the occupation. She thought that a knowledge of the different vocations should be brought to the consciousness of the student early in her course, not under the title of vocational guidance but under a more comprehensive term, such as the Philosophy of Vocations as applied to life activities in colleges. That by the cooperation of the faculty, students could be shown the life activities into which the different studies lead thus arousing a definite interest for the pursuance of those studies. Having aroused their interest, occasional lecturers could be brought into the college to talk on the different fields of occupation. Miss Gambrill hoped that the time would come when by psychological tests the fitness of the individual college woman could be determined for success in any given field. Isabel Stewart being called upon for a report of the work done by the Vocational Guidance Committee of the National League of Nursing Education gave briefly the report as presented at the Convention held at San Francisco. Following this she reported on the investigation made in regard to the courses in Home Nursing, given in the New York City schools. After a careful personal investigation of several schools, Miss Stewart found that three or four different types of courses were being given in the elementary, secondary and evening high schools. While the elementary and secondary schools aimed only to teach the simplest procedures for the home care of the sick, the evening high schools were branching out into different types of work. In one school the course is decidedly pre-vocational, being taken advantage of by many young women as a means of obtaining the necessary regents' counts for entrance to nursing schools. In another school mature women of between 40 and 50, as well as "practical nurses" are admitted to the course. Miss Stewart drew attention to the facts that in this school there was no equipment, no attempt at demonstrations and that the pupils were studying from a regular nursing text book. In a third school the course is definitely planned to prepare "practical nurses" who will care for medical and obstetrical cases, the pupils being given 60 hours hospital experience. After some discussion on this report the meeting adjourned. THE THREE ADVISORY BOARDS OF THE NEW YORK CITY TRAINING SCHOOL have been merged into one, with the following personnel: chairman, Mrs. Cadwalader Jones, Mrs. Helen Hartley Jenkins, Prof. M. Adelaide Nutting, Carolyn E. Gray, Dr. Alfred N. Strouse, Dr. Howard D. Collins and Dr. Charles B. Bacon. THE NEW YORK STATE NURSES' ASSOCIATION, at a meeting of the executive committee, recommended that honorary membership be conferred upon Mrs. M. Cadwalader Jones, for the conspicuous service which she has for years rendered to nurses, especially in their efforts to secure legislation. THE YOUNG WOMAN'S CHRISTIAN ASSOCIATION has opened a unique headquarters for women on 36th Street, in which nurses should be interested. It is the plan of the National Board to use the headquarters in connec-

tion with theoretical graduate work in household economics as a demonstration of cafeteria management. The rooms are open from 7.30 a.m. to 9 p.m. There are information desk, waiting room, telephones, rest room, and continuous cafeteria service. Brooklyn.—The German Hospital Alumnae held a reception in honor of Miss Dudley, the new supervisor, on March 26. The Brooklyn Hospital Training School recently elected the following officers: president, Catherine Van Ingen; vice-presidents, Eva Lebeque, Ada Given; recording secretary, Elisabeth P. Kerr; corresponding secretary, Isabel Grantham; treasurer, Mary E. Holt. The Long Island College Hospital Nurses' Alumnae held a card party on January 21, at the club house, the proceeds of which have been placed to the credit of the association. On February 25, at the Hoagland Laboratory, Palma Hanson told of her experiences in France. The talk was illustrated, and contributions for luxuries to be sent to the soldiers were liberal. The association held a dance on February 21 at the club house. Agnes Brankin, class of 1909, has gone with a Unit from La Valle University for over-seas duty. Ruth Bentley, class of 1913, entertained the alumnae members with an account of her experiences in Belgium, where she spent nine months, at the meeting of March 14. Buffalo.—The Buffalo General Hospital Alumnae Association held its regular business meeting on March 30, at the Club House. A tea was given for the returned Red Cross Nurses by Miss Kennedy, at which Donna Burgar and Kathrine Uhner, of the Boston City Hospital were guests. Troy.—The Samaritan Hospital Graduating exercises were held in the Assembly Room of the hospital, on March 16. Invocation was by Reverend Joseph H. Odell, D.D. The school pins were presented by Mrs. E. O. House and the scholarships, diplomas and the Hippocratic Oath by Mr. James H. Caldwell. Prof. C. E. A. Winslow made an address, and the valedictorian was Laura Agnes Bostwick. There were thirteen graduates. Gertrude Louise Sweet, of the graduating class received a scholarship, for excellence in scholarship. Others were awarded to a member of the senior and junior classes. The Alumnae Association held its annual banquet at Rensselaer Hotel, on March 15, when the graduating class and the Misses Arnold, Brown and Milton were the guests. About 60 nurses present. A regular meeting of the association was held previous to the banquet, and officers were elected as follows: president, Gertrude Armstrong; vice-president, Mary Darmody; secretary, Helen Staley; treasurer, Birdie May Stowell. Anna Coon was elected delegate to the convention of the American Nurses' Association. Rochester.—The Rochester General Hospital Alumnae Association at a meeting held recently elected the following officers: president, Nellie C. Lindsay; vice-president, Frances Meldrum; corresponding secretary, Georgina Wing; treasurer, Katherine Weldner.

North Carolina.—The North Carolina Board of Examiners will hold the annual spring examinations in Winston-Salem, N. C. May 25-27. Application blanks and additional information can be obtained from the secretary, L.A. Toomer, R.N., 123 South Fourth Street, Wilmington.

Ohio: Cleveland.—The Cleveland League of Nursing Education was organized in October, with thirteen charter members. These include administrators of training schools, instructors and those directly connected with the public health work of Cleveland. A constitution and by-laws were adopted in November, and the membership has increased. Monthly meetings have been held, and at the March meeting the senior classes of the training schools of the city were entertained. At that time speakers presented the subjects of Infant Wel-

fare, Central Registries and Their Value to Nurses and Communities, and on the Red Cross work.

Pennsylvania.—The State Board of Examiners for Registration of Nurses has appointed Sara M. Murray as Educational Director of Training Schools. The appointment of Miss Murray was made after due consideration of a number of applicants, all of whom showed evidence of great efficiency for the work. **Philadelphia.**—The Medico-Chirurgical Alumnae Association held its regular monthly meeting at the hospital, April 5, with a good attendance. Several important subjects were discussed. Mrs. Krats was elected delegate to the Convention of the American Nurses' Association, and Augusta Budd as alternate. Three nurses were reported as ill. Miss Porter spoke on Music. At the next meeting H. Miller will speak on Travels through China. The Hahnemann Hospital Alumnae Association held a successful card party for the benefit of the Endowed Room Fund, recently.

Rhode Island: Providence.—The Rhode Island Hospital Nurses' Alumnae Association held its regular meeting on March 28, but adjourned after a short session, to enable the members to attend the services in the chapel, in memory of Miss Dexter. The Rhode Island Hospital Nurses Club met at the George Ide Chace Home for Nurses on April 4. Professor Collier of Brown University gave the third and last of his series of lectures on "The World War," the subject of this lecture being "The Way out and the Aftermath." The Rhode Island Finance Committee of the National Organization for Public Health Nursing and the Rhode Island Visiting Nurses Club held a joint meeting in the Rhode Island Medical Library building on April 4. Ella Phillips Crandall gave an address; she paid a high tribute to Mary S. Gardner who was unable to be present.

Miss Crandall spoke of the many new lines of work which are opening up for nurses as teachers of hygiene, sanitary inspectors, truant officers, food experts, and many lines of social work, etc.

Dr. G. Alder Blumer, Superintendent of Butler Hospital, spoke of the work which the recently organized Mental Hygiene Society intends to do, in giving out information in regard to mental and nervous diseases and their prevention and cure. Tea was served. The Rhode Island Visiting Nurses' Club met at the District Nurses' rooms, 109 Washington St. on March 9. Mr. E. E. Bohner spoke on The Immigrant. The Providence Branch of the Guild of St. Barnabas for Nurses met at St. Stephens Church on April 6. Reverend Father Peckham addressed the members on "The Men of the Bread Line." He told of the many types of men who ask for help in this and other ways and strongly emphasized the need of great care in giving charity, saying that he has grown to feel that charity should be only given through the regular organizations for the purpose. Tea was served. Margaret M. Dearness has resigned her position as assistant superintendent of nurses after ten years of faithful service at the Rhode Island Hospital to take up the work of superintendent of nurses at the Maine General Hospital, Portland, Me.

The Rhode Island Hospital Nurses Alumnae and the resident nurses of the Rhode Island Hospital gave a reception to Miss Dearness and to the graduating class of 1916 on April 8, at 8:30 p.m.

The guests were received by Miss Lord, the superintendent of nurses, Mrs. C. S. Westcott, president of the alumnae, and Miss Dearness. The pupil nurses sang several selections very acceptably. A feature of the evening was the pre-

sentation to Miss Dearness of a sum of money in gold from the resident nurses and the R. I. Hospital Nurses Alumnae. Mrs. Churchill, president of the Rhode Island Association of Graduate Nurses, in a few well chosen words told of Miss Dearness coming to the school when Mrs. Churchill, then Miss Pearce, was assistant-superintendent of nurses, and of the esteem in which Miss Dearness has always been held. Also of the sincere regret which is felt at her resignation. Miss Dearness thanked the givers for their thought of her and for the expression of affection. One of the pupil nurses then presented to the home a silver tea service, from the resident nurses, both graduate and pupils.

Texas: Galveston.—The Galveston Association of Registered Nurses at a recent meeting elected the following officers: president, Miss Newkirk; recording secretary and treasurer, Murl Wan; corresponding secretary, Edna Monroe. Meetings will be held on the 15th of each month at the nurses' home of the John Sealy Hospital. A registry under the care of Miss Shackford has been established at the hospital, by the Nurses' Association.

Wisconsin: Milwaukee.—The Milwaukee County Nurses' Association held a Red Cross meeting at Espenheim's Grill Room on February 8. About 75 members were present, and listened to Arthur M. Doe, who recently returned from Ambulance service in France. Regine White gave a detailed report of the annual Red Cross meeting held in Washington in December. The Association held its regular meeting on March 14, at the Pfister Hotel and discussed the project of a nurses' club house. Dr. E. V. Brumbaugh gave an interesting talk on typhoid fever, from the experience of a bacteriologist. The Marquette University School of Medicine, Fourth Street and Reservoir Avenue, Wisconsin, will begin a series of Summer Courses, on June 12, which will continue for six weeks, closing July 22, 1916. These courses are open to Sisters, nurses and others possessing the necessary preliminary requirements who wish to avail themselves of this opportunity for study. The session will include courses in (1) clinical pathology, (2) pathology, bacteriology and medical photography, (3) dietetics (laboratory and practical), (4) X-ray, (5) social service, hospital-record keeping and sanitation, (6) massage, (7) anaesthetics, (8) free hand drawing (as applied to medicine and surgery). Dr. Bernard F. McGrath has been appointed director and Dr. Maud R. Williams, secretary, of the Summer Courses. During the week preceding these courses, beginning June 7, and closing June 9, the Catholic Hospital Association of America, will hold its second annual meeting at the Gesu School Auditorium, Milwaukee. Some of the leading surgeons of the country will address the convention.

BIRTHS

On March 10, at Tracy, Minn., a daughter, to Mr. and Mrs. H. J. Cain. Mrs. Cain was Agnes Hope, class of 1907, St. Mary's Hospital, Minneapolis.

On March 21, at Minneapolis, a daughter, to Mr. and Mrs. George Kuth. Mrs. Kuth was Clara Busch, class of 1910, St. Mary's Hospital, Minneapolis.

On February 7, at Willmar, Minn., a daughter, to Mr. and Mrs. Losloden. Mrs. Losloden was Anna Schollin, class of 1909, St. Mary's Hospital, Minneapolis.

On February 15, at Columbus, Ohio, a daughter, to Mr. and Mrs. F. Ferris. Mrs. Ferris was Della Buck, class of 1909, Grant Hospital, Columbus, Ohio.

On February 11, at Chicago, Ill., a daughter to Mr. and Mrs. J. W. Hazlett. Mrs. Hazlett was Ines File, class of 1912, Illinois Training School, Chicago.

On February 23, at Madison, Wis., a daughter, to Mr. and Mrs. Frank Stuart, Mrs. Stuart was Laura Welch, class of 1908, Illinois Training School, Chicago.

On March 30, at Minneapolis, Minn., a daughter Margaret Ellen, to Mr. and Mrs. Robert L. Hanson. Mrs. Hanson was Bertha Van Huron, graduate of the Iowa Sanitarium.

MARRIAGES

On January 31, at Ardmore, Pa., Margaret Rose Lockward, class of 1911, New England Hospital, to L. S. Allen.

On March 9, at Erie, Pa., Waive Belle McCray, class of 1914, Corry Hospital. Corry, Pa., to Carlyle S. Bowman. Mr. and Mrs. Bowman will live at Kane, Pa.

On November 24, at Dayton, Ohio, Anne Louise Simes, class of 1908, Grant Hospital, Columbus, to S. H. Weaver. Mr. and Mrs. Weaver will live in Schenectady, N. Y.

On November 25, at Minneapolis, Minn., Mary Lally, class of 1913, St. Mary's Hospital, Minneapolis, to Clifford Sells, M.D. Dr. and Mrs. Sells will live in Dooly, Mont.

On January 17, at Sturgeon Falls, Ontario, Canada, May Roach, class of 1913, St. Mary's Hospital, Minneapolis, to William Hussey. Mr. and Mrs. Hussey will live in Sturgeon Falls.

On February 15, at Minneapolis, Drucilla Cochran, class of 1914, St. Mary's Hospital, Minneapolis, to Phillip Noe, M.D. Dr. and Mrs. Noe will live in Centralia, Ill.

On January 8, Betty L. Hindbaugh, class of 1910, Protestant Deaconess Hospital, Indianapolis, to Akin R. Dakin. Mr. and Mrs. Dakin live in Evansville, Ind.

On November 8, Grace Knobler, class of 1914, Hahnemann Hospital, Philadelphia, Pa., to Mr. Heming.

On February 7, Cathrine W. Grode, class of 1909, Oak Park Hospital, to Lester L. Van Gilder. Mr. and Mrs. Van Gilder will live in Wittenberg, Wis.

On March 2, at North English, Iowa, Beatrice Kelly, class of 1914, Mercy Hospital, Des Moines, Iowa, to Earl Moore. Mr. and Mrs. Moore will live in Spencer, Iowa.

On February 21, Caroline Crawford, class of 1915, Long Island College Hospital, to Thomas J. Cantwell. Mr, and Mrs. Cantwell will live in Cambridge, Mass.

In February, Florence Jardine, class of 1902, Buffalo General Hospital, to Sydney Speyer, 198th Battalion, C.E.T., stationed at Toronto, Canada.

On February 29, at Detroit, Mich., Esther Mary Blair, class of 1914, Emergency Hospital, Warren, Pa., to Warren Martin Cook. Mr. and Mrs. Cook will live in Detroit.

On February 17, at Seattle, Wash., Maud Nichols, class of 1911, Illinois Training School, Chicago to Harry Schiller Hatson. Mr. and Mrs. Hatson will live in Washington.

On March 9, at San Gabriel Mission, Calif., Frances Stuart, class of 1914, Illinois Training School, to Louis F. Kane, M.D. Dr. and Mrs. Kane will live in Los Angeles, Calif.

DEATHS

On March 12, at Edison, Ohio, Helen J. Barney, class of 1913, Grant Hospital, Columbus, Ohio. Miss Barney died of typhoid fever. She was greatly beloved by her associates, and six of her classmates acted as pall-bearers.

On March 13, at her home in Strathroy, Canada, Ethel Cox, class of 1914, Farrand Training School, Harper Hospital, Detroit, Mich.

On March 26, at the Polyclinic Hospital, Anna T. Mulrany, class of 1909. Miss Mulrany had been a conscientious member of the staff of the hospital ever since her graduation. Her life was one of unselfish devotion to the profession she loved, and her loss has brought a sense of real sorrow to the associates by whom she was beloved.

In October, at Winsted, Conn., Irene Manwaring G. Burnham, class of 1887, Connecticut Training School, New Haven, Conn.

On March 29, at Dobb's Ferry, New York, Mrs. Eugene Devlin. Mrs. Devlin was Margaret McGowan, class of 1914, White Haven, Sanatorium. Mrs. Devlin was ill but a short time, and her death comes as a shock to the many friends by whom she was loved and esteemed.

On March 28, at the Rhode Island Hospital, Providence, Alice G. Dexter, class of 1890, Boston City Hospital, Boston, Mass. Miss Dexter, after her graduation, remained at the Boston City Hospital as assistant to Miss Drown, for a number of years. Later she took a post-graduate course at the New York Lying-in Hospital. After coming to Providence she was for a time assistant at the Rhode Island Homeopathic Hospital. She did private nursing for some years, and then took the position of matron at the Grace Memorial Home, a day nursery, in Providence. She again took up private nursing and continued in that work until about four years ago when she took the position of housekeeper at the Rhode Island Hospital and remained there until the time of her death, which was caused by meningitis following ear trouble. A short service was held at the Rhode Island Hospital, March 28, and funeral services from her sister's residence on March 30. Interment was at Arnold Cemetery, Lakewood, R. I. Miss Dexter leaves one sister and two half-sisters. It is to such women as Miss Dexter that the nursing profession owes the honorable position it holds today.

TOO LATE FOR CLASSIFICATION

The Oklahoma State Board for Examination and Registration of Nurses will hold examinations June 5 and 6, 1916, at St. Anthony's Hospital, Oklahoma City, Oklahoma. Applications must be in ten days before the date of examination. Mabel Garrison, R.N., Secretary, 1701 West Fifteenth Street, Oklahoma City, Oklahoma.

BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON, R.N.

THE AFTERMATH OF BATTLE; WITH THE RED CROSS IN FRANCE. By Edward D. Toland, with a preface by Owen Wister. The Macmillan Company, New York. Price $1.00.

This book is a chronicle of service rendered by an American in France. In the introduction by Owen Wister we are told that it is "written without art, yet with the effect of high art" which brings the reader into the very scenes of which he writes and makes him part and parcel of their terrific realities.

With a voyage across the Atlantic in the steerage as a preparation for whatever might follow, Mr. Toland begins in a truly democratic spirit. He is at once at home with his fellow passengers, Tom, who played the fiddle in spite of hands terribly calloused by street paving in New York, the little English cook whose mother and sister in England subsisted on her American earnings, the band of young Scots going home to join a Highland regiment, these last he parted with at 1 a.m. after a night of mild conviviality, his friends deprecating the "awful expense" he had been at for their entertainment, an expense, by the way, of three shillings!

The book proper is a record of the first six months of the war, while all the horrors of unpreparedness and all the chaos of unorganisation robbed the wounded and dying of any chance of saving their lives or mitigating their sufferings. During this awful time Mr. Toland gave himself to every task that needed brains or muscle in helping to care for the wounded, at first in the Majestic Hotel Hospital in Paris and later with the Harjes Ambulance Corps at Ricquebourg and at Montdidier. During this time he served in many capacities: cook, ward-maid, nurse and assistant surgeon, sleeping little and working with tremendous energy, spurred on by the patient endurance and the sufferings of the wounded whom he served.

Finally, as the work of nursing the wounded became properly organised and Mr. Toland found himself relegated to a single office, that of chauffeur of an ambulance, he was able to withdraw his vision from

the horrors of his first days and get some sort of general outlook on the outcome of the war.

America has been prodigal of assistance to the sufferers of the war; but though she has poured money in unceasing streams, she has done nothing so fine as this giving of individual service by her citizens.

SPEAKING OF OPERATIONS. By Irvin S. Cobb. George H. Doran Company. New York. Price 50 cents.

As an antidote to a long and continuous course of the serious side of nursing, nothing could surpass Irvin Cobb's "perfectly painless" narrative of his own experience in the operating room and the hospital.

Besides a completely renovated body, Mr. Cobb appears to have brought away from the hospital a great big asset, to wit, a topic of never failing interest in general conversation and of considerable value as material wherewith to build a book which shall not only lure half dollars from the public, but will buck up timorous souls who have to face the experience which he has so delightfully turned to profit for himself and his publisher.

DIET FOR CHILDREN. By Louise E. Hogan. Author of *How to Feed Children*, *A Study of a Child*, *The Introduction of Domestic Science in the Schools of New York City*, U. S. Government Bulletin No. 56, *Timely Hints for Mothers and Nurses*, *The Child in Sickness and Health*, etc. Bobbs Merrill Company. Indianapolis, Ind. Price 75 cents.

The sub-title of this book is its best description: "A complete system of nursery diet, with numerous receipts; also many menus for young and older school children. A home and school guide for mothers, teachers, nurses and physicians." No question presents more difficulty in the safe-guarding of childhood than diet. The mean between foolish and criminal indulgence and a diet restricted to monotony seems to be hard to find. Mrs. Hogan's book tends to clear away much of this difficulty and to make the task at once easier for parents and guardians and more acceptable to children.

She makes a point of early educating the palate. A common error is to teach a child to like, and later, crave, sweets and unwholesome foods, thus the taste is perverted from those articles of diet which are of most value to nutrition. Another point is care in the selection and preparation of food. Oatmeal porridge and cream, when it is properly prepared and served, is a dish for kings, but served as at the school where Jane Eyre and her schoolmates turned from it in disgust, it is only fit for animals.

"There has been reproach cast upon those who are responsible for the proper rearing of children," Mrs. Hogan says, and quotes in this connection Sir Henry Thompson, Herbert Spencer and Froebel. She is determined that none shall call her to account and mothers and nurses do well to follow her.

ROADSIDE GLIMPSES OF THE GREAT WAR. By Arthur Sweetser. The Macmillan Company, New York. Price $1.25.

This is a story of the early days of the war as seen by a war correspondent who started out "on his own," with no controlling home paper, little or no protection from any particular country, content to take whatever luck and the fates might send. Needless to say, his experiences were many and varied and although his adventures came near to being serious more than once, luck never deserted him. He was arrested by the Germans who treated him fairly when they found him willing to chop wood, peel potatoes and obey orders generally. Later he was a prisoner of the French, released and later arrested again as a spy, and again released. Finally, after witnessing Belgium's hopeless heroism under betrayal and espionage, corruption and treason, and "with a heart almost bursting with grief, sympathy and veneration," he took himself to the comparative peace of England and sailed for home.

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PROCEEDINGS

OF THE

NINETEENTH ANNUAL CONVENTION

OF THE

American Nurses' Association

HELD AT

HOTEL GRUNEWALD

NEW ORLEANS, LOUISIANA

April 27 through May 3, 1916

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National Associations	2
State Associations	44
County and City Associations	51
Alumnae Associations	238
Permanent members	217
Charter members	19

Attendance at the Nineteenth Annual Convention

Delegates from National Associations	2
Delegates from State Associations (representing 39 associations)	58
Delegates from County and City Associations	39
Delegates from Alumnae Associations (representing 99 associations)	140
Permanent members	64
Charter members	None
Officers	9
General registration	703

PROCEEDINGS OF THE NINETEENTH ANNUAL CONVENTION OF THE AMERICAN NURSES' ASSOCIATION

NEW ORLEANS, LOUISIANA, APRIL 24–MAY 3, 1916

The nineteenth annual convention of the American Nurses' Association was called to order by the president, Annie W. Goodrich, at 3.45 p.m., Wednesday, April 24, 1916, at the Hotel Grunewald, New Orleans, La. On motion of the delegates, the usual roll call was omitted and, instead, a roll call by states was substituted, all present from a state rising as the name was called.

SECRETARY'S REPORT

The present membership of the American Nurses' Association is as follows: alumnae associations 238; city and county associations, 51; state associations, 44; national associations, 2; permanent members, 200; charter members, 19; honorary members, 8.

Those permanent members who have died during the year are Luella Bristol, Adeline Henderson and Annie Damer, who was also an honorary member. A charter member who died was Isabelle Merritt.

The secretary has sent to the Eligibility Committee during the year 28 applications for membership. In addition there were 6 held over, and there have been 16 requests for application blanks which have not yet been returned.

The correspondence of the association has increased during the year, including that relating to the Relief Fund and the Robb Fund. The secretary now gives one-half of each day to the association work and in times of stress has clerical help in addition.

The board of directors met in New York City in October and in January, as well as holding the usual meetings after the convention last year and before this one. The gist of the business transacted at these meetings is as follows:

San Francisco, June 25, 1915. Eight belated applications were considered, seven being accepted. Standing and special committees for the coming year were appointed.

New York City, October 16, 1915. Reports of committee were received, discussed and acted upon. The secretary reported many

convention reprints on hand. The directors decided to recommend to the Association that the final decision regarding the printing and distribution of convention reprints be left to the Board of Directors, recommendations only to come from the floor. One application was accepted. Plans for the convention in New Orleans were discussed. It was decided to dismiss the committee on Care of the Insane, turning its work over to the Mental Hygiene Committee of the National Organization for Public Health Nursing. The president appointed a committee to draw up resolutions on the death of Miss Damer. The secretary was instructed to write to the Indian Bureau that the American Nurses' Association was ready to coöperate with it in any way in which it could be of service in securing better medical and nursing care for the Indians in Reservations. It was decided to refer to the Advisory Council the suggestion made at last year's convention that alumnae associations and superintendents of training schools be asked to coöperate with central directories, controlled by nurses' associations. It was decided to ask the Committee on Revision to prepare a by-law which should permit a state president to be represented by an alternate on the Advisory Council in case of her absence. It was decided to call a meeting of the Advisory Council in January, that the state presidents might have the plan for reorganization presented to them and take it home for local discussion before the convention. A conference was held with the Revision Committee on the proposed reorganization. The directors voted their approval of the plan of districting by states, of the general intent of the proposed form of membership, and of the formation of sections. A committee of three on Central Directories was appointed by the president with Miss McKinley as chairman. Fourteen applications for membership were considered and four were accepted.

New York City, January 19, 1916. Reports of officers and committees were presented and considered. The resignation of the Kings County Association, Brooklyn, N. Y., was accepted. Twelve applications were considered and eight were accepted. There was a discussion of the method of signing the nominating blanks which resulted in the amendment offered by the Revision Committee for this convention.

Plans for the convention were discussed. At an adjourned meeting in the afternoon of the same day, invitations for 1917 were read. Revision and reorganization were again discussed, the members of the Revision Committee being present. It was decided to accept the recommendation of the joint revision committee that we consider incorporation in some other state than New York or under a national

charter in order to avoid forming a national council. It was decided to recommend to the delegates at the coming convention that the class of permanent members be discontinued.

January 20, 1916, New York City. The directors met in the capacity of stockholders of the AMERICAN JOURNAL OF NURSING to nominate and elect members of the JOURNAL Board of Directors. Six of the members of the preceding board were reelected. Miss Goodrich's resignation as a JOURNAL director was accepted with regret and Elsie M. Lawler was chosen to succeed her.

January 22, 1916, New York City. A communication from the Private Duty Nurses' Session was considered in which it was asked that their chairman be made a member of the board of directors. It was decided that this request could not be granted. There was discussion of the alien labor law, by which nurses are classed with laborers, and a fresh committee was appointed to act in the matter, Dr. Criswell being chairman. There was a conference on the Relief Fund rules, the chairman of the Relief Fund Committee being present. A further conference in regard to reorganization was held with the Committee on Revision.

April 25, 1916, New Orleans. Reports of officers and committees were received. Nine applications for membership were received; seven were accepted outright and one tentatively. Labor legislation relating to health insurance was discussed and the president was authorised to appoint one member of a committee of three, representing the three national organizations. Reorganization and revision were discussed with the chairman of the Committee on Revision.

On Januray 21 a meeting of the Advisory Council, in conference with the Board of Directors, was held at which there were present representatives from twenty states, sixteen of them being state presidents.

In December, at the time of the closing of the Panama-Pacific Exposition, a night letter of greeting was sent to the management from the three national bodies of nurses.

The reprints ordered by the delegates assembled in California were made. Those of the Legislative Session were sent to all the boards of nurse examiners, one for each member of the board.

Delegates appointed to represent the American Nurses' Association during the year have been: Elizabeth Shellabarger to the American Institute of Criminal Law in Salt Lake City; Marie T. Lockwood to the convention on Prevention of Infant Mortality in Philadelphia. Miss Greener to confer with a committee from the American Hospital Association on the question of grading of nurses; Misses Nutting and Maxwell to the conference of the World's Court League.

Printed matter explaining the proposed reorganization of the Association was mailed to each affiliated association and to each permanent member in good standing before the convention.

All affiliated associations are urged to keep the secretary informed promptly of any change in their secretaries' names or addresses.

KATHARINE DEWITT, *Secretary*

TREASURER'S REPORT

GENERAL FUND

Receipts

Balance April 30, 1915		$5090.45
Dues, alumnae associations	$1921.80	
Dues, state associations	340.20	
Dues, city and county associations	305.00	
Dues, permanent members	348.30	
Interest on bank balance	73.55	
One-third expense of International Congress paid by National League of Nursing Education	46.66	
One-third expense of International Congress paid by National Organization for Public Health Nursing	46.66	
Sale of booklets, accredited schools, Mary C. Wheeler, Chairman	48.61	
Refund, money advanced for expenses to San Francisco, Cal., (Miss Sly $93.30—Miss Deans $69.91)	163.21	3293.99
		$8384.44

Disbursements

Expenses of convention		$923.22
Executive Committee		719.92
Stenographer, Annual Meeting		189.04
Extra stenographic service		6.80
Badges		51.05
Printing, stationery, office supplies		208.84
Postage, telegrams and expressage		86.66
Office expenses, typewriting for officers		210.10
Expenses of By-Laws Committee, Sarah E. Sly, Chairman		
Attending meetings	$358.93	
Postage	21.75	
Stenographic service	21.23	
Emma A. Fox, Parliamentarian	37.00	438.91
Lawyer's fee		150.00
Chairman of Program Committee, Martha M. Russell		5.50
Chairman of Nominating Committee, Mrs. J. E. Roth (1915)		7.42
Chairman of Nominating Committee, Arabella R. Creech (1916)		9.56
Chairman of Arrangement Committee, Margaret S. Wilson (1915)		4.25
Eligibility Committee, Sarah F. Martin		1.80

Special Registry Committee, Margaret Montgomery	$3.10
Excess pages for convention number of THE AMERICAN JOURNAL	474.15
Salary of general secretary	583.34
Salary of treasurer	400.00
Bond for treasurer	10.00
Auditing treasurer's books	25.00
Rent of safe deposit box (Feb. 1, 1916—Feb. 1, 1917)	5.00
Dues to American Association for Study and Prevention of Infant Mortality	5.00
Dues to Society for Study and Prevention of Tuberculosis	5.00
Seal for American Nurses' Association	15.00
Dues returned to associations (overpayment)	6.00
Exchange on checks	7.25
Total disbursements	$4551.91
Total receipts	$8384.44
Total disbursements	4551.91
Balance April 1, 1916	$3832.53

Assets

Cash on deposit in New Netherlands Bank, General Fund	$3832.53
Cash on deposit in Farmers Loan & Trust Company, Nurses' Relief Fund	1804.20
13 bonds, Nurses' Relief Fund, New Netherlands Safe Deposit Vault, par value	13000.00
2 certificates of stock, Nurses' Relief Fund, New Netherlands Safe Deposit Vault, par value	2000.00
AMERICAN JOURNAL OF NURSING Stock, New Netherlands Safe Deposit Vault, par value	8400.00
	$29,036.73

M. LOUISE TWISS, R.N., *Treasurer*

Audited and found correct.
CHAS. E. CADY,
C.P.A.

At the close of the report, Mrs. Twiss explained that it covered a period of only eleven months, as the fiscal year ends on April 30. The report was accepted.

REPORT OF THE ELIGIBILITY COMMITTEE

(Read by Miss DeWitt in the absence of Miss Bewley)

The total number of applications received and considered by the committee during the past year is thirty-four (34).

Three (3) state associations.
Two (2) county associations.
Three (3) city associations.
Twenty-six (26) alumnae associations.

MARGARET A. BEWLEY, *Chairman*

REPORT OF THE PROGRAMME COMMITTEE

Miss Russell explained that she had had as members of her committee the chairmen of the committees on Central Directories, Private Duty Nursing and Hourly Nursing, Misses McKinley, Ott and Wrigley, also the chairmen of the programme committees from the other two national associations had collaborated with her. Miss Taylor and Miss Crandall, so that the three associations might work together "in suitable dovetailing" and that the result of the year's work was in the hands of the delegates.

REPORT OF THE NOMINATING COMMITTEE

(Read by Miss DeWitt in the absence of Miss Creech)

The Nominating Committee beg leave to submit the following report:

Nominating blanks were mailed to

National associations	2
State associations	41
City and county associations	50
Alumnae associations	228
Charter members	20
Permanent members	197
Total number	538

Nominating blanks were received from

National associations	2
State associations	17
City and county associations	19
Alumnae associations	60
Charter members	2
Permanent members	58
	158

Of this number there were cast for

President	158 votes	Blank votes	0
First Vice-President	154 votes	Blank votes	4
Second Vice-President	156 votes	Blank votes	2
Secretary	156 votes	Blank votes	2
Treasurer	155 votes	Blank votes	3
Directors for 3 years	311 votes	Blank votes	5

There were received by the chairman, after January 1, 1916, 30 blanks, which were not counted. There were 45 letters written by the chairman, in response to inquiries, and 27 duplicate blanks sent.

The count of votes was verified by each member of the Nominating Committee and the following ticket compiled.

President—Annie W. Goodrich, R.N., New York, N. Y. Second nomination from the floor.

First Vice-President.—Mary C. Wheeler, R.N., Chicago, Ill.; Adda Eldredge, R.N., Chicago, Ill.

Second Vice-President—Elsie M. Lawler, R.N., Baltimore, Md.; Louise M. Powell, R.N., Minneapolis, Minn.

Secretary—Katharine DeWitt, R.N., Rochester, N. Y. Second nomination from the floor.

Treasurer—Mrs. C. V. Twiss, R.N., New York, N. Y.; Sarah E. Sly, R.N., Birmingham, Mich.

Directors for 3 years—Dr. Helen P. Criswell, R.N., San Francisco, Cal.; Minnie H. Ahrens, R.N., Chicago, Ill.; S. Lillian Clayton, R.N., Philadelphia, Pa.; Arabella R. Creech, R.N., Elizabeth, N. J.

These candidates have expressed a willingness to serve, if elected.

ARABELLA R. CREECH, *Chairman*

Nominations from the floor for any office were called for with the result that the name of Mary Gillespie of Louisiana was added to the nominations for director.

REPORT OF THE ARRANGEMENTS COMMITTEE

Miss Wall explained that the Grunewald had been selected as headquarters and that the names of other hotels and boarding houses had been published in the JOURNAL. Registration had been arranged with a separate room for each association and with a local nurse to assist each secretary. Three halls for the three associations had been secured in the Grunewald and the Atheneum had been reserved for evening sessions open to the public and for the Sunday session. Eight

pupil nurses would be on duty daily to serve as ushers, their lunch and carfare being provided by the Louisiana State Association. Four typewriters and a clock had been loaned by local firms. Signs had been posted in all the large hotels and in various places at headquarters. Two nurses had been assigned to service at the bureau of information, one for general registration and two to assist at the book table. Afternoon teas had been arranged to be given by the Louisiana nurses and by the national associations, each in turn. A boat ride had been provided by the Sisters of Charity at the State Hospital and Hotel Dieu, refreshments being furnished by southern nurses, generous contributions having been received from Georgia and Alabama. Musical programmes for some of the teas and for Sunday afternoon had been arranged by the Federation of Women's Clubs.

Miss Goodrich expressed on behalf of the association the appreciation of their debt of thanks to the Arrangements Committee. She then announced the tellers of election: Emma A. Nichols, Edith P. Rommel, Rebecca Toupet, and Helen MacLean.

REPORT OF THE RELIEF FUND COMMITTEE

(Read by Miss Golding in the absence of Mrs. Crass)

Two meetings and two adjourned meetings held in New York October, 1915 and January, 1916. One meeting in New Orleans. The work accomplished by the Committee was increasing the Fund by the distribution of pledge cards; getting up a complete set of rules; getting out a new pledge card containing more complete information about the Fund, and considering the applications for relief.

The Treasurer reported last year in San Francisco, $13,852.92. This year, ending March 31 shows $16,804.20, an increase over and above expenses of $2951.26. The pledges made at the San Francisco meeting have not all been redeemed.

Four nurses have been receiving assistance during the year, and two more were considered at the meeting here. A number of applications were made by nurses who were not eligible, as they are not members of any association affiliated with the American Nurses' Association. Three out of four applicants were nurses who had been ill with tuberculosis, the fourth had a complication of diseases. Of the new applicants, one has tuberculosis, the other heart trouble.

The following states are represented in relief: North Carolina, Texas, California, North Dakota, Pennsylvania, and Nebraska. One nurse is alone in the world; one has an aged mother dependent upon her.

The Committee feel that if each delegate here will carry back an appeal to her Association and friends, our gifts can be more liberal, for it is so hard to refuse these sad appeals for help. We are beginning to realize how necessary it is to have a larger fund, a sum large enough so that each member could know, if she were to be disabled by illness or other calamity she would receive necessary help.

From legal advice it has been found that the Relief Fund can be managed practically as it is by amending the old charter or by making provisions in a new one that the American Nurses' Association can control and manage such funds as the Relief Fund.

What we want is a plan whereby we can reach every member.

L. A. GIBERSON CRASS, *Chairman*

Mrs. Twiss explained that all the pledges made at San Francisco for the Relief Fund had been redeemed. She then read, at the president's request, the treasurer's report of the Relief Fund, giving totals only, as the items had been published month by month in the JOURNAL.

REPORT OF THE TREASURER OF THE NURSES' RELIEF FUND

Receipts

Balance, April 30, 1915	$3,852.94
Contributions	2,255.60
Calendar fund	965.87
Interest on bonds	497.50
Interest on bank balance	128.78
	$7,700.69

Disbursements

Stationery and printing	$94.05
Postage and expressage	50.70
L. A. Giberson, chairman, expenses attending convention at San Francisco (1915) and Executive meeting in New York City, January, 1916	381.40
Bonds 2 New York Telephone 2 Pennsylvania R. R. Co. 1 Chicago, Burlington & Quincy	5,091.97
Application approved No. 1	80.00
Application approved No. 2	60.00
Application approved No. 3	75.00
Application approved No. 4	60.00
Exchange on cheques	3.37
	$5,896.49

Total receipts	$7,700.69
Disbursements	5,896.49
Balance in Farmers Loan & Trust Company, April 1, 1916	$1,804.20
17 Bonds, par avalue	13,000.00
2 Certificates of stock, par value	2,000.00
	$16,804.20

M. LOUISE TWISS, R.N., *Treasurer*

I have examined and audited the accounts of M. Louise Twiss, R.N., treasurer of the American Nurses' Association, for the fiscal year April 30, 1915 to April 1, 1916 and I hereby certify that I have found the same correct.

CHARLES E. CADY, C.P.A.

65 Clinton Place, New York,
April 12, 1916.

REPORT OF THE COMMITTEE ON REVISION

Your Committee on the Revision of the By-Laws of the American Nurses' Association begs to report that this has been a very active year as will be seen by the following:

A meeting of the Committee was held in New York on October 14, 1915. The same day a meeting of the joint committees on the revision of the three national organizations, in conference with Attorney Herrick, met at Mt. Sinai Hospital, New York. Meetings of the Committee were also held in New York City on October 15 and 16.

In November a meeting of the Committee was held in Detroit in conference with Mrs. Emma A. Fox.

During the third week in January, several meetings of the Committee were held in New York City; one being a meeting of the joint committees on revision of the three national organizations, and one meeting was with the Advisory Council.

The result of these conferences is as follows:

A "summary" of the questions under consideration and the result of the investigation of the Committee, together with a circular letter from the president were sent by the secretary with the proposed district plan of membership to all affiliated organizations so that the delegates whom they have selected to represent them at this Convention may be better prepared to discuss and to vote on the questions presented.

The proposed amendments to the by-laws to be voted upon at this Convention are in your hands, having been sent out with the call for the meeting in accordance with the by-laws, and are a part of this report. (With your permission these amendments and the "summary"

mentioned above will not be read until the question comes up for discussion.)

Your Committee realizes some of the difficulties that the American Nurses' Association has had in carrying on its work incorporated under a statute of New York State, and has under consideration the securing of a national charter by a special act of Congress.

Your Committee recommends that the American Nurses' Association secure a national charter, after which its present incorporation can be annulled.

The proposed plan for the re-organization of the membership of the American Nurses' Association is for the purpose of simplifying the plan of membership so that the various organizations which now compose the American Nurses' Association, viz., alumnae, state, county or city and the individual membership may be more uniform, and so that a member may not be several times a member of the American Nurses' Association.

This plan provides that a nurse who becomes a member of her alumnae or county, pays her dues but once, and automatically becomes a member of her State Association and the American Nurses' Association.

Your Committee recommends the adoption of the district plan of membership.

The question of holding biennial instead of annual conventions has been discussed at previous meetings and the time has come when this should be seriously considered.

SARAH E. SLY, *Chairman*

MISS GOODRICH: I cannot call for a motion concerning this report without saying one word about the immense amount of work that has been done by our Revision Committee. I think those who have received their communication must have appreciated something of it; but those who have met with them, I am sure, have appreciated it still more. I think we are, indeed, fortunate to have a Committee that is willing to give so much time and care and anxious thought concerning this important matter of revision.

REPORT OF THE BOARD OF DIRECTORS OF THE AMERICAN JOURNAL OF NURSING COMPANY

It is a very great pleasure to report the completion of another comparatively successful JOURNAL year to this Association. Success, however, is not always measured by financial returns. A sound financial condition, although of great importance in any business enterprise, is not altogether the form of success for which the JOURNAL Board is most earnestly seeking.

The JOURNAL, as you so well know, is the property of the American Nurses' Association, and also the official organ of the various nursing organizations. It carries the news from city to city, from state to state. It is the principal medium of communication between nurses and nurses, schools and schools, organizations and organizations. It plays an important part in the educational and ethical life of our profession. It should, and we feel that it does, exert, perhaps unconsciously, a definite influence upon those who read it. It is for an aroused sense of ownership on the part of the members of this Association, a deeper interest in its purpose that the Directors are most anxiously watching. This is the form of success we most wish to see. We desire, above all else, that each member should feel that she cannot do without the JOURNAL.

In order to excite and maintain this form of interest, we realize that the JOURNAL must be interesting and that it must fill a definite need to the subscriber. For this reason, the Board voted at the January meeting to expend a considerable sum in the further development of the JOURNAL. The Editor was authorised to introduce more illustrations—they are expensive—to pay more for articles in order to secure those that are valuable and opportune, to circularise freely, to send the Business Manager on trips to speak for the JOURNAL in schools of nursing, at alumnae, county and state meetings. Additional collaborators have been secured for existing departments, while one new one, The Department of Nursing Education, under Isabel M. Stewart of Teachers College, assisted by able collaborators, has been introduced. Miss Stewart's long connection with Teachers College, her special knowledge of nursing affairs and her literary ability, should make this Department exceedingly valuable to the superintendents of schools of nursing.

As a result of this effort to arouse interest, it is very gratifying to record that our subscription list has been greatly increased in three months. Will you help us to continue at this rate for the remainder of the year? We believe that the time is ripe for including the subscription to the JOURNAL in our annual dues to this Association. We believe that it would be possible to lower the subscription price somewhat, if this were done, and we believe that it is only through such an arrangement that the complete success of the JOURNAL will be secured. It may be of interest to report that the JOURNAL Company declared a 4 per cent dividend this year, upon its capital stock. This, in itself, shows that we are on a sound financial basis, but this alone will never satisfy us, as I have already said. It will only allay any latent fears that any of you may have, lest we are spending too much on develop-

ing the JOURNAL. We believe that our business office is well conducted. Miss Palmer, our Editor-in-Chief, and Miss DeWitt, our Assistant Editor, are rendering genuine and devoted service to the welfare of the JOURNAL and Miss Gardner is interested and earnest in her efforts to develop the JOURNAL. I can only urge, as I have upon similar occasions, that this Association, the owner and proprietor of our JOURNAL, should remember its responsibilities. The Board of Directors and the Editorial Staff, interested and energetic as they may be, cannot stand alone. They need all the support, both moral and material, that this organization can give them.

We invite suggestions as to ways and means of making the JOURNAL more attractive, more interesting and more valuable. For, after all, the JOURNAL is yours, and it lies with you to decide what type of magazine we shall maintain.

CLARA D. NOYES, *President*

Miss Goodrich then asked for a report of her work from Bertha J. Gardner, assistant business manager of the Journal, who spoke as follows:

I think some of you may have heard the remark which is attributed to Edward Everett Hale that any one can become a public speaker if he only accepts every opportunity offered him to become one. I feel that that can be my only excuse, after Miss Noyes' report, for trying to speak to you here today. I have been connected with the JOURNAL for at least three years. During the past year it has been my privilege and pleasure to be sent about the country to various states to speak to any pupil nurses who might be compelled to listen to me and to any graduate nurses who might be impelled to listen to me. The result of these talks only the future can determine. We all have hopes. There are very many details which I might give you about this but always at our conventions we are too much hurried to go very much into details. I wish, however, to make public expression of my appreciation of the interest and coöperation, of the cordiality of the superintendents and of the nurses with whom I have come in contact in these very pleasant trips which I have made. For the benefit of the graduate nurses, particularly, who are here, I feel that I must emphasize something a little closer, if possible, to the JOURNAL, and that is their loyalty to the JOURNAL. That loyalty is very far from being what it ought to be. I could speak of it in detail, but I think it is unwise, and therefore I shall only mention one, that is that, to my mind, any organization affiliated with the American Nurses' Association should send official reports to no other magazine but our magazine. Neither do I feel that superintendents should act upon the principle which some people act upon, of giving homeopathic medicine to the children while they take allopathic medicine, themselves; some superintendents or supervisors take the JOURNAL for their own use and give other nursing journals to the pupils. To me, it is most inconsistent, and I feel very strongly about it. There are very many details I could give and if there are any questions any one wishes to ask, I shall be always ready and will-

ing to answer them, giving every minute detail from the first green page to the last green page.

Miss Goodrich: I would like to say that an appeal is shortly to be made from Rochester asking that you obtain certain information from various of your members and that you try to raise the number of subscribers. I beg your very real and continued interest in this matter of getting more subscribers; not only because we want to build up the Journal, but because of the educational value of getting this magasine into the hands of our members.

We have, I understand, something like 70,000 registered nurses in the United States. If every one of these would take the magasine, we could give it out at a dollar a year and take in $70,000. But think of the wonderful return in knowledge towards our profession, if we could not get 70,000, if we could get 35,000. I am not going to tell you the number of subscribers that we now have, because it would not be encouraging, compared to the number of members in this Association; but I do ask your very earnest interest in the matter.

Miss Rockhill (New Jersey): Our delegate to the convention in 1915, reported that the American Journal of Nursing gave no report of the finances of the Journal. Now, there has been some little unfavorable criticism of the Journal officers for not giving such a report to the Association. Is it not customary to give such a report or is it not necessary? If not, we would like to have it explained why, so that the Association, as the owners, will understand.

Miss Goodrich: The financial report is always given to the Board of Directors, and to the president and secretary of the American Nurses' Association. Any stockholder has access to the books. The Board of Directors, of course, of the Journal is appointed by the Board of Directors of the American Nurses' Association, who are the business directors of that Association.

Miss Goodrich then announced the Committee on Resolutions: Miss Clayton, of Pennsylvania, Chairman; Miss Helen Stewart, of Ohio; Miss Bridges, of St. Louis.

REPORT OF THE NATIONAL BUREAU ON LEGISLATION AND INFORMATION

Because so few copies of the various state laws have been called for, and because when asked for, there has been the opportunity of referring the inquirer to Miss Boyd's book, the files of the committee have not been replenished as in the two previous years. Some literature has been sent out on request, however, and 44 inquiries from 22 states have been answered, beside one letter which had to have a parliamentarians's opinion.

The questions asked the committeee, in general, are as follows:

California. (a) The duties of a nurse who will have charge of a public health department. (b) in regard to hourly nurses.

Colorado. Does a compulsory clause in a law raise the standard of a law?

District of Columbia. What number of graduate nurses should be employed and what salaries should be paid in a hospital of 138 beds.

Indiana. What states have registration and which of them reciprocate with Indiana?

Illinois. Have we reciprocity with Iowa?

Louisiana. (a) Which states include chemistry in their examinations? (b) List of Boards of Examiners on which women are represented. (c) *Re* parliamentary practice.

Massachusetts. Outlines of lectures, classes, demonstrations and a list of text books recommended by American training schools.

Michigan. (a) Request for reports. (b) Request for special record sheets.

Minnesota. With what states does Illinois reciprocate?

Missouri. *Re* points in Missouri law.

Montana. *Re* affiliation; *re* registration of schools; printed material to assist superintendents to present registration affairs to their student nurses; literature.

Nebraska. (a) How many graduate nurses in the U. S.? (b) Information as to the various branches of the nursing profession. (c) Copies of by-laws of alumnae associations.

New Jersey. Nursing in Alaska.

New York. What states recognise a New York State registered nurse? (b) Standing of a hospital in Aberdeen, South Dakota, by a prospective student. (c) *Re* list of recognised schools.

North Carolina. Copies of each law relating to nurses and providing for their registration.

North Dakota. (a) *Re* inspection of schools and duties of inspector. (b) Educational requirements for admission into training schools in different states. (c) What is considered the minimum requirement for entrance in training schools? curriculum used in Illinois. (d) Outline of work done by Illinois State Board of Examiners. (e) Is there a "Sister" on the Illinois State Board of Examiners.

Ohio. Have any states whose law has been in operation for some time compiled statistics showing its effect on small hospitals?

Pennsylvania. May a nurse graduated from a registered school become a registered nurse without examination?

South Carolina. (a) Has any committee made a study of fundamental principles which should be incorporated in each law? (b) Points in regard to the educational requirements of the Inspector. (c) Appointment and personnel of the Board. (d) Salary of secretary; registration fee; method of establishment of educational qualifications in nurse examiners.

Virginia. Power of Board to make its own rules.

West Virginia. What constitutes a recognised school? Is there a list printed?

Wisconsin. Literature.

The number of inquiries this year is fewer than the number last year; there were 39 inquiries more and from 11 states more in last year's report. The Chairman of this Committee has often sent the inquiries for answer to some other member of the committee. The list of Schools of Nursing accredited by the state boards of examiners has been revised and printed, as nearly correct as possible to March 1, 1916.

The states responding number 34 as against 23 in the first pamphlet. Some additions have been made, for instance, the bed capacity, number of student nurses, total number of graduates, while the name of the hospital has been omitted. Many of the columns have not been filled, but your committee hopes to have this done, providing the association deems it advisable to continue the printing of this list. Some corrections will need to be made and the committee would be pleased to have these changes reported at any time, as questions may be asked in regard to the same. On page 2 an explanatory note is inserted and on page 29 a list of the number of nurses registered in the various states. A small percentage should be subtracted for nurses who have been registered in more than one state and also to account for deaths.

The postage and printing bills are not yet in, but your committee hopes to meet the expense of this issue by selling the 500 copies. May we suggest that each Board of Nurse Examiners be urged to procure a copy of this pamphlet for their files and also that State Associations and individuals place them in public libraries for reference for those women who are thinking of entering the profession.

The members of the committee have helped prepare the pamphlet by obtaining the desired information from the states assigned them, while nine others have sent desired data.

MARY C. WHEELER, *Chairman*

REPORT OF THE ROBB MEMORIAL FUND COMMITTEE

(Read by Miss Riddle in the absence of Miss Nutting)

The Committee decided last autumn to make a great effort to complete the Fund and has devoted its chief energies during the past winter to carrying out a widespread campaign for that purpose. The results show that the effort was well worth making and the Committee has the pleasure of announcing that on April 1 the substantial sum of $10,262 had been added to the Fund, with some further contributions probably still to come in. We are very glad to have been able to secure in so difficult a year such a substantial increase, and to be given the power to help more nurses gain the further education they desire. The Committee wishes here to express its gratitude to all of those who have contributed so generously in their several ways towards the completion of our cherished Fund; to the superintendents and other officers of hospitals and training schools who have done so much to awaken the interest of their pupils; to the officers in the various associations who have worked energetically to secure the coöperation of their mem-

bers; and to pupils and graduates alike, many of whom have denied themselves to help forward this work. The Committee wishes especially to acknowledge its indebtedness to two of its own officers upon whom the heaviest labors have fallen, the Secretary who has written numberless letters, and the Treasurer who has cheerfully carried on a correspondence weighty in every sense of the word.

The results of the campaign appear to us twofold: the tangible, as represented by our $10,262; and the intangible, which may be discerned in a new interest in the work of the Fund, and a keener appreciation of its purposes and value. The contributions came, as we had hoped they would, from many nurses representing a large area, and they were in the main moderate in size. We had, however, one splendidly generous gift of $5000 from Mrs. William Church Osborne, the President of the Women Board of Managers of Bellevue Training School, that school where Isabel Hampton first began to study nursing and to catch the visions of its high place and possibilities, which gave her the power to lead us. We are all profoundly grateful to Mrs. Osborne.

With the sum now in hand, we shall be able to double our work and to give six scholarships each year where hitherto we have been limited to three. It will afford the Committee the greatest satisfaction to be given the power of helping a larger number of nurses of exceptional qualifications to obtain that further knowledge of which they deem themselves in need. But we are thinking of the fifty applicants we have had during the last four years who have had the same longings and ambitions, and realizing that out of the fifty we could give scholarships to only fourteen of them, and this includes the three scholarships just awarded and not yet utilized. It has been with the greatest regret that we have found ourselves unable to help a larger proportion of those who have applied, since the demand and the need for nurses with a broader education and further special training is immediate and pressing. We do not wish, therefore, to rest content with what has been done but to continue our efforts to upbuild the Fund in whatever way promises the best results. Sustaining subscriptions have proved an effective way of increasing funds without laying a heavy demand upon any one, and we are therefore asking our alumnae and state associations to undertake to make moderate sustaining contributions annually with the belief that in a few years we shall be able to announce to you the fulfilment of your plans. For the Fund is your Fund, which we, this Committee, are holding in trust and administering to the very best of our ability.

And we are further asking everyone of our members to realize that

this is a national fund and belongs to no one section of the country. It is true that most of the work is now carried on in eastern colleges since they offer at present the desired opportunities for advanced work. But that is bound to change, for as nursing becomes better understood and more highly valued, larger educational opportunities for nurses are certain to arise in connection with our colleges and universities. It will afford the Committee very great satisfaction to be able to extend the benefits of the Fund to new places and new institutions which are found upon examination to be doing advanced work of a sound character. Appeals therefore for contributions may very properly be made to anyone in any part of this country and it is greatly hoped that there may be others besides Mrs. William Church Osborne who will show by their liberal gifts, their comprehension of the significance of the work we are doing. There is one aspect of our policy which some of us have accepted with reluctance, and that is our ruling to restrict our awards to nurses trained in American schools who are members of American nursing associations. The spirit is easy to understand, and in a sense one sympathizes with it, but I do not believe it is the best thing we can do. I believe we should soon reach the point where we open our scholarships freely to nurses of other countries. I am confident that we want to help the most brilliant women no matter what country they come from, and in the long run we should do more for nursing education in general by helping along our best students.

A casual study of the candidates who have presented themselves and their qualifications during the past three years shows that eighteen states are represented by them, with Massachusetts and Pennsylvania in the lead. In education very few have fallen below full high school while 25 per cent have had college work or normal training. Fifty per cent have had hospital or training school experience after graduation, covering from one to six years, and 20 per cent from one to three years' experience in visiting or public school nursing. The age of candidates ranged from twenty-four to forty-six years, the majority being between twenty-seven and thirty-five years. The number of those wishing to prepare for administrative work remains about stationary, while the number desiring to prepare to teach in training schools or to work in public health fields, is steadily increasing. Eight of those who have held our scholarships are now filling positions of much usefulness in various fields. Three are engaged in public health nursing, one as the director of educational work in an important Visiting Nurses' Association, another as the superintendent of a highly influential body of Visiting Nurses, the third doing instructive work in the nursing division of a great relief society. Four are occupied in

training schools, one as superintendent, the others as assistants and instructors, while one has responded to the call from the front, and is making an admirable record "somewhere in France." All of them believe that they have been helped to larger usefulness by their work in the College.

M. ADELAIDE NUTTING, *Chairman*

Miss Riddle then gave, as treasurer of the Robb Fund, a statement for the past four months, as follows:

Balance, January 1, in the bank	$1,745.15
Collected and deposited for January	1,137.22
Collected and deposited for February	557.36
Collected and deposited for March	6,652.67
Collected for April, up to the 21st	433.00
Deposits for the four months	$8,780.25
Interest for the same length of time	214.56
Total	$10,739.96
The expenses of the Fund during these four months, including $300 awarded in scholarships, amounted to	$463.47
Leaving a balance of cash in the bank of	$10,276.49

which will be invested after July 1.

(NOTE.—This four months' statement does not include the amount of the Fund already invested.)

MISS GOODRICH: These appeals come very near to our hearts; in order to meet all the demands for instruction, we should give immediate relief in the way of an educational fund, and we see the time when an ever increasing number of people will be helped who have helped humanity. We wish to thank any of those who have desired to render more efficient service. I think we have shown in the past that there was not any direction that the nurse was called upon to help that she did not prove herself able to give something, and that something has amounted in these comparatively few years to thousands of dollars. We have every reason to be proud of the generosity of our members.

Miss DeWitt, secretary of the Robb Memorial Fund Committee, then announced that the scholarships of the coming year had been awarded to Helen Teal of Cincinnati, Eleanor A. McI. Jones of Baltimore, Ida F. Austin of East Orange, N. J., and Ethel Jean Church of Baltimore. The fourth scholarship was made possible by the funds raised in the recent campaign.

REPORT OF THE RED CROSS NURSING SERVICE

I am rather surprised to find that this is the eighth annual meeting since the American Nurses' Association voted to affiliate with the American Red Cross. It scarcely seems possible that this number of years has passed and I am sure that none of us realized, when we took that vote in Minneapolis to affiliate with the American Red Cross, just what it would mean in the years to come. I am sure that I had no such vision though I felt from the bottom of my soul that it was worth while to develop a nursing service for this great national organization of relief. I felt that our country should have a nursing service available in time of calamity or war. Since that first affiliation, we have organized state nursing service committees over this whole country. We have now enrolled over 6200 Red Cross nurses who are available for service in time of war. We have sent during the past year and a half, nearly two years now, 255 Red Cross nurses to Europe. We have nurses in all of the countries that have been at war, and without exception they have returned to this country safely. We still have a few in Europe. It is impossible to give you any details of our work, but I do want to call your attention to a new development and to ask for your interest and your coöperation in this new work which we are undertaking. We have learned from the experience in Europe that an adequate nursing personnel is absolutely essential to a country if by misfortune it is involved in war. And I believe that it was providential that we had the foresight and vision to see the need of this so long ago and to build the grand work of the service, which is, I believe, superior to the nursing service of any other country on this earth. We have the organization work complete. If this were not so, I should be utterly confused and utterly discouraged in undertaking to develop anything now, with the pressure that is brought to bear upon the Red Cross office. That great piece of work is accomplished. We have the organization with which to work; we have the interest of the individual nurses; we have the spirit, the enthusiasm, the patriotism and the loyalty which we must have. It has all been developed; it exists. Now, we are trying to develop hospital columns and base hospital units; base hospital columns and units differ somewhat, but for each of those we will need groups of nurses. Each group will be sufficient to care for about 500 patients. We must have fifty enrolled Red Cross nurses for each of those units. Our base hospital units will be complete in themselves. They will not only be available, but personally will have the equipment for the base hospital in time of calamity.

You will all be interested to know that we have three base hospitals

organized in New York. We have the money for one, the Bellevue. Miss Noyes, as Chief Nurse, has charge of this unit. The money was contributed in one sum, $24,000. We have one in the Presbyterian Hospital, of which Miss Maxwell is Chief Nurse. We have one in the New York Hospital, which Miss Jordan will organize. There are three in Boston: the Boston City Hospital, under Miss Nichols; the Massachusetts General, Miss Parsons; and the Peter Bent Brigham, of which Miss Hall is the Chief Nurse. There is one in Baltimore under Miss Lawler, one in Cleveland, the Lakeside Hospital unit with Miss Allison as Chief Nurse. In Rochester, N. Y., the unit has Miss Jones and Miss Heale, the two Chief Nurses there, as Chief Nurse and Assistant Chief Nurse.

This activity will extend over the entire country until we have developed in connection with our large nursing and medical centers these hospital units. We know from the experience in Europe and we know from the experience in every war that has even happened that we must rely upon volunteer service in military hospitals. There is no professional service in the world adequate to meet the demand in a great war. Now, it has happened that volunteers have flooded the European countries, suitable volunteers and unsuitable volunteers. They have had to be selected and adjusted and assigned and put on relief work there without having been organized before they were put in service.

Now, I believe we should all use every energy to develop in this country a perfectly definite personnel of women other than nurses who will be definitely assigned to our military establishments; who will be definitely under the supervision of the nurses; who will not be left to run wild, without supervision and without direction. I believe this is the psychological moment for nurses to control this thing, for them to be willing to train and develop and instruct, and even, if necessary, to supervise this personnel. I think this is the one piece of work which confronts us, so I want to leave that thought with you. We want our enrolled nurses to give this consideration. We want these volunteers organised over the whole country, so that when we begin to develop our hospital units, we will have this carefully selected group of women who have shown their willingness. We want to learn the qualifications of the women, to find out where we can work with them, where we wish to have them work under the hospital units, whether we are willing to recommend them to this service, and we must have them. Let us take the responsibility and initiative to develop this service so that in time of need it shall not be thrown upon us and we be unable at that time to control it.

JANE A. DELANO, *Chairman.*

THURSDAY EVENING, APRIL 27

The meeting was called to order at 8.30 p.m. at the Athenaeum by Miss Goodrich.

The invocation was offered by Reverend H. S. Werlein.

The secretary read a telegram of greeting and good wishes from Genevieve Cooke of California, ex-president of the Association. The delegates present asked to have a reply sent to her.

ADDRESS OF WELCOME

By HAROLD NEWMANN

Commissioner of Public Safety

Only late this evening, his honor, Mayor Behrman, found himself incapacitated on account of his numerous duties to be present and he asked me to express to this gathering his regret because he realized more forcibly than I can explain that of all the numerous conventions with which this city has been honored in the past year, none, he felt, better deserved to be graced by the presence of even the entire Commission Council of this city than this convention of trained nurses, who are a factor in this community, as they are in all other communities, for noble work and worthy accomplishment far beyond the measure with which their work has been greeted by the legislative branches of the respective states. I take pleasure on this occasion in welcoming the nurses to this city, to express the hope that before they leave New Orleans, they will gather something of the earnest efforts with which this city has worked for the mental, the physical and the moral betterment and the health of the city.

In recent years this city, recognizing the obligation that rests upon every municipality, has entered upon work which heretofore has not been considered within the province of a city. The people of this city, and especially its trained nurses, are familiar with the conditions which surrounded us with regard to mental diseases. Only five years ago, this city sent its mental defectives under very peculiar conditions, to institutions. Today, with the establishment of a hospital for mental diseases, more than 25 per cent of those unfortunates are restored to their families cured.

Lately in the public press we have read a great deal of the malarial and other health conditions in this city. If I may be allowed to refer to that condition at this time, I wish to say to this audience, who are peculiarly in a position to judge of health conditions, that the records of vital statistics, in which our medical and sociological people are so interested, are religiously kept and in that tabulation of mortality from

communicable diseases, only 10 per cent of the mortality is from diseases other than tuberculosis. Ninety per cent of the entire mortality rate of this city from communicable diseases is from tuberculosis. It remained for a very worthy and noble woman of this city, within the past 60 days, to endow for the use and benefit of the people in this city a tuberculosis hospital, from which we hope great and permanent good.

I might go on enumerating other instances where the municipal government realizes and appreciates its obligations to the many trained nurses, with their special studies and their opportunities for research. They have appreciated these obligations long before city governments entered upon exercise to correct these conditions. We hope the city of New Orleans itself, with larger means at its command, may work more fully upon these lines. It realizes the great work that the trained nurse has done for the people of the whole country. We feel that in times of peace, and with every energy, every mental and every physical and moral energy and potentiality, the forces of the community should be conserved, so that in times of stress that conservation should be able to show itself. That is efficient government. And we do not know of an activity that should be granted more recognition than that of the trained nurse in achieving these results.

Only in the past few hours my attention has been directed to the remarkable work that has been done in some sections of the country, and notably in our state of Louisiana, where district nursing is not in practice. I was amazed to learn that whereas, in so many directions professions and other people are the beneficiaries of special rights, for instance, by public utilities or quasi-public utilities, such as railroads, the trained nurses of this state and so many states have not been considered in the granting of certain privileges and fair rates as these of other professions have. I believe this is a piece of work which should have your attention and the consideration and attention of our lawmakers and the support of the public officials of this country. If there is any profession which should appeal to a sincere administrator of public affairs, it is the profession of trained nursing. Speaking for the city of New Orleans and its officials, on behalf of the Mayor and the Commission Council, we pledge our fullest assistance not only to this Convention but, when it shall have adjourned, to the trained nurses, if there us any effort, and I am sure it will only be a beneficial effort, to which the state can be a party in the achievement of success.

We hope that your labors here will meet with the reward to which you are richly entitled and that this Convention will prove the success which it so richly deserves. Again, my friends, I welcome you to our city.

ADDRESS OF WELCOME

By MARY GILLESPIE

President of the Louisiana State Nurses' Association

In the name of the Louisiana State Nurses' Association and the various alumnae associations of the city, I wish to bid you welcome, thrice welcome, to our Queen City of the South. With mingled feelings of gratitude and delight we assemble to unite in a cordial interchange of fraternal greetings, to assure you of our appreciation and to thank you most sincerely for the honor conferred on us.

We have looked forward with pleasure to the coming of this Convention, as we realize it will infuse new life and be an inspiration to nurses in general and particularly to those of New Orleans. We appreciate the opportunity of listening to your varied discussions and of participating in your wise deliberations. We are proud to be affiliated with so grand an organization and rejoice at the universal good that is being accomplished. Our Association, like the majestic oak, extends its wide-spreading branches into every state of the union, it standardizes the nursing profession; dignifies the calling of the nurse; elevates and ennobles her position. Its banner is unfurled to shield, protect and encourage the nurse, whom it has fortified and equipped for her mission of charity. Under its fostering guidance she goes into cities, towns and villages, not only to seek the unfortunate and alleviate pain, but to minister the healing balm of divine comfort to poor suffering humanity. We, the nurses of the south, have not distinguished ourselves in the various fields of usefulness that are reflecting so much glory on our associate workers. The district nurse, the school nurse and the tubercular nurse, are all carrying on their grand glorious work in cities many times larger than our own; all these fields are filled with toilers whose work is amply rewarded. We, too, should rejoice to see the district nurse permanently installed and will gladly coöperate with any inaugurated plan that will enable the nurse to be of more special benefit to the general public.

We have many noble self-sacrificing nurses who but wait the opportunity to respond to calls that will enable them to minister to the needy and distressed and thus forever enshrine themselves in the memory of the poor. We hope in time to accomplish many things, but we look to this Convention to assist us in our endeavors by demonstrating the good accomplished by the efficient nurse in the various health departments. We are here to endorse, to approve and to coöperate with you and we sincerely trust your efforts may be crowned with success.

May your stay with us be one of unalloyed pleasure and may only the brightest and sweetest recollections accompany you to your homes. May each succeeding year in the golden cycle of time bring you new and ever increasing proofs of the loyalty and devotedness of the nurses of the south, whose fervent prayer shall ever be: God's choicest blessings rest on thee.

RESPONSE AND ADDRESS OF THE PRESIDENT OF THE AMERICAN NURSES' ASSOCIATION

By ANNE W. GOODRICH, R.N.

The honor, Mr. Commissioner and Madam President, has been accorded me of expressing, on behalf of our three national organizations, their appreciation of your most gracious welcome, and of the privilege of meeting in this quaint and historic New Orleans. Your kindly wishes, your sympathetic interpretation of the meaning of this convention and your broad vision of the opportunities of public service through the nursing field, are strengthening and inspiring, and we are deeply grateful. Your message will be with us throughout the coming week and follow us back to our fields of labor.

It seems to me that this year when the best and strongest of many nations are being crushed and crippled and the Mother countries are bowed with anguish, it is singularly fitting that we should meet in this city that breathes so harmoniously the spirit of the old and the new world, this city that has suffered and wept, but always smiled again, and therefore for this opportunity and what it will mean to us, again we thank you.

My message, members of our Associations, is a brief one. Never before have words seemed of so little value, never the deeds of many of such stupendous import. Another year has rolled by and we have met to discuss again our problems that do not seem to lessen, but rather increase with time, nor would we have it otherwise, for problems and progress go hand in hand.

The most casual observer of our program could not fail to note the rapid growth and expansion of our profession. We shall within the next few days hear of the increasing demand by municipalities, states, and the Federal Government for nurses until the number needed reaches into the thousands. We shall hear of new branches of work in already established fields, and also of new and undeveloped fields themselves, and we shall wonder through what avenues the varied and extensive preparation required for effective service in these fields can be supplied.

But as we listen to those concerned with the problems of nursing education, we shall find that here too the growth and expansion have been rapid beyond our highest expectation. New courses, new and more efficient methods of teaching and training have been developed and ever increasing affiliations with other educational systems are bringing our system into line with the progressive educational thought of the day.

The reports from those concerned with standardizing nursing education through state laws, will be of no slight interest. We shall find that one state has but a few weeks since, through some amendments, placed upon its statute books, the most comprehensively progressive law governing the practice of nursing, that has yet been enacted, a law that requires that every woman desiring to practice as a graduate, certified or registered nurse, shall have not less than four years of high school and three years of professional training in a school of accepted standards; that provides for inspection and a registration fee sufficient to enable the work to be effectively carried on; and finally provides a reciprocity clause which is the most equable that has yet been drawn, since it permits a graduate in nursing of a training school maintaining standards equal to those of the state of Maryland, it matters not in what state the school may be, if already registered, to register without further examination.

We shall learn that another state has failed to pass a mandatory law although the requirements of this measure are far below those of the Maryland law, but we shall also hear as we have heard for the past four years, that unquestionably that measure will be passed next year, and that every cent and every moment that has been spent in the effort to pass this bill, has been justified by the public education that has resulted.

Not less significant of growth and progress is the call to consider incorporation under a Federal charter and the reconstruction of our form of membership. Twenty years ago there was no American Nurses' Association, there were a few schools of nursing, less I think, than a hundred; there were a few alumnae associations, even as late as 1900 there was not one state nurses' association. But there was a group, twenty years ago, of progressive women to whose vision we owe it, that we stand today a great body of professional women, numbering over 30,000; owning our own journal; issuing benefits and scholarships through our relief and educational funds; issuing each year an ever increasing and sounder body of literature; with forty-three state nurses' associations, through whose efforts, laws have been placed in the statute books, state curricula drawn up, training schools accredited, and educational standards maintained.

This is but the barest outline of what has been and is being accomplished, but before we raise our heads with pride, let us remember that there is another aspect of this situation, another side to this picture and to this side we should give our most careful consideration. We are wont to say that the greatest value of these gatherings arises from the renewed inspiration and the broader vision with which we return to our field. What, I wonder, would be the result if we could be carried to every corner where those who cannot be with us, are serving. From the Atlantic to the Pacific, from the Gulf of Mexico to the Canadian borders, even across that great continent and beyond the seas we should find them and from the service we should see them rendering we should draw a greater inspiration for renewed effort than we have ever felt before. But I wonder what would be the result if we should go from place to place where they are needed, and are not found.

In twenty-two small blocks of one of our great cities, live 30,000 citizens; nearly 90 per cent it is said, in time of sickness receive neither medical nor nursing care. An investigation of a suburban district gives statistics that hardly differ. We do not need to go into the almshouses, the foundling asylums or the prisons, not yet I fear is the highly trained nurse found there. In the next few days we shall hear pleas for the inclusion in the general preparation of an experience in contagion, tuberculosis and mental disease. Why? Because those suffering thus are not receiving what we mean by nursing care. What do we mean, what should we mean, and what will the whole world some day mean, by nursing care? We mean that skilled and intelligent service that is only ensured by a sound foundation of theory and a wide practical experience and through which only shall we correctly interpret as we alone have the opportunity of interpreting, the message of the scientist to the people.

One of the wise men of the ages has said that the whole history of man could be written in three words—"Born, suffered, died;" and the whole history of science, covered by one—"perhaps." What a depth of hopeless suffering in these words that never seemed truer than today in this great world crisis, but what a volume, what a world of hope in that one word *perhaps*. Perhaps those whose bodies are lying on the battle field garbed as enemies may, through the supreme sacrifice, be united in an immortal brotherhood. Perhaps the little group of men and women who are facing shot and shell and pestilence armed only with the red cross are sowing seed we know not of, of an enduring peace. Perhaps those most austere religionists, through their untiring search for truth, the scientists, may make the lame to walk, the blind to see, the deaf to hear; may open the door of the prison cell never to

close again upon a fellowman; perhaps our part in this may be greater than we ever dared to hope; perhaps dear fellow members through our most bitter failures, others may succeed. As long as we can say perhaps, though we may fail and weep, we too shall rise again to toil and hope, and hoping, *smile.*

ADDRESS OF THE PRESIDENT OF THE NATIONAL LEAGUE OF NURSING EDUCATION

By CLARA D. NOYES, R.N.

Again, friends and members of the League of Nursing Education, I bid you a cordial welcome to this Convention. Annual meetings seem to have a way of occurring very frequently, whether they are held every twelve months or get impatient and convene at the end of ten, as this one has done.

It seems but yesterday that we hurried across the continent to San Francisco, and today we are in New Orleans (a city around which history and romance have thrown so compelling an air of mystery and charm).

In the light of daily occurrences, we seem to have been standing still during this short interval of ten months, marking time. Little of moment seems to have happened, but when measured by individual effort, interest and enthusiasm, the nursing world has been revolving on its axis with regularity, and sometimes with almost feverish haste. The burden of discouragement occasionally weighs heavily upon one's soul, especially when the "bacillus of fatigue" of which scientific authorities write so easily and freely, is active in one's blood, and superintendents of schools of nursing, teachers and hospital workers generally are very susceptible to this form of infection. Suddenly, some stimulating record of achievement is brought to one's attention, a new state law controlling nursing, or an amendment that raises the dignity of our profession, the shortening of working hours for pupil nurses, improved curricula, or a great gift to some one of the funds in which we are mutually interested, and behold the face of the world has changed. These and many other indications of progress are evident and bring with them an exhilarating sense of cheer.

We regret that we must again ask our members to consider with us a revision of our constitution and by-laws. We are jealous of every moment that we must spend away from the absorbing and enthralling subject of education and administration, but the triune of American Nurses' Association, National League of Nursing Education, and the National Organization for Public Health Nursing which we believed

had been so perfectly consummated four years ago, has been found to be unconstitutional, and speedy steps must be taken to obtain proper adjustment in order to continue the affiliation, which, even in its imperfections, has resulted in so much that is good.

Never in the history of modern nursing, has there been greater need for unity of purpose and the solidarity that an organization firmly welded together can give, for never have greater problems been laid upon us. The various forms of public health, social service, teaching and institutional work are clamoring for properly prepared and educated women. The schools of nursing are being hard pressed, not only to give the pupil a sound fundamental education in nursing, but to send out graduates prepared to specialize in *all* the branches of nursing, while the hospitals with which schools are connected still expect the pupil to nurse the patients occupying their beds.

New and unusual demands are made almost daily upon our resourcefulness and ability to meet unexpected problems and solve them. One of the most recent is connected with the vital question of "preparedness." Profiting by lessons learned from the great war, which is still wasting the strength and sapping the forces of all Europe, the American Red Cross has assumed the responsibility of organizing around base hospitals, medical and nursing units, a component part of the latter being women lay workers. In case of great military necessity, which, let us hope will never arise, the numerical strength of our organized Army and Red Cross Nursing Service, would probably be insufficient to assume all nursing responsibilities.

As it has been found necessary in Europe to call upon lay workers for military aid and assistance, so it would probably be true of America. In that case, does it not become the duty of the nursing profession to assume the instruction and direction of these energetic groups of women who long to be of some service? Is it not a definite obligation of the nursing profession to direct these stores of energy and enthusiasm to some definite purpose under proper control and direction?

The same may be said of the constant demand for courses in "Home Nursing" which are being given in high schools and elsewhere. Is it not wiser to recognize the demand and meet it intelligently, than to leave such courses to chance, which may appear in the form of a teacher who may be an impecunious member of the medical profession, a "grade" teacher or a teacher of domestic science. If such courses in home care of the sick are consistently outlined, properly directed and taught, then we shall have nothing to fear and much to gain by giving some fundamental instruction in this subject to every young woman who completes her high school work.

We hear grave criticism from time to time of the lack of interest on the part of superintendents of schools of nursing in our organizations, our legislative efforts and our nursing magazines. This evident lack of public spirit, distressing as it may be, is often one of the unfortunate results of the unparalleled expansion of the hospital field. Let us not be too scornful. Women, through necessity and not because of their preparation, have been pushed, over and over again, into important hospital and training school positions for which they were almost entirely unprepared. It is the women, we must admit, at the head of the school upon whom the future of the profession is resting. In so far as she fails to meet the requirements as the director of a properly conducted school of nursing, she fails the individual pupil and through the pupil she fails the community. Is it surprising that she reads no message in our efforts to secure better nursing laws, or that she does not appreciate the difference between a commercial and an ethical nursing magazine? As she was neglected in her own school, "robbed of her birthright," given no ethical education and little in nursing subjects, exploited many times for the benefit of the hospital, what right have we to criticize or expect that she will know what her own pupils need or how a school of nursing should be conducted?

I speak feelingly, because of many sad experiences. I could recite to you one melancholy example after another of young women coming many miles, at great expense, with an almost, if not quite worthless diploma in their hands, secured after two or more, frequently three years of hard work, hoping through a brief post graduate course, to secure some recognition and an opportunity to make good in the profession they thought they were entering.

How can we, as members of a great organization correct this condition? You will agree, I am confident, that it must be done through education. We turn towards the Department of Nursing and Health at Teachers College for well prepared women; women who will carry to the individual school correct methods, ideals and standards. This Department, which has been brought to its present high plane of excellency by its brilliant Director, Miss Nutting, is our first and foremost responsibility. We owe to it, our loyalty and our moral and material support. We must, as teachers, let no pupil leave our school without knowing what it has to offer. For this reason, a special effort has been made this year to increase the Isabel Hampton Robb Fund, with some degree of success, in order that a larger number of women may avail themselves of the opportunity for a broader nursing education. We expect, ultimately, by means of our local and state leagues, to carry a message to every superintendent and teacher in

nursing schools, large or small, in every state of the Union. At present, thirteen states have organized, and are doing splendid educational work. Several other states are already perfecting such organizations. It has taken many of us a long time to learn the difference between training and education, but we are learning.

The membership of our National League is comparatively small, about 500 active members, when compared to the number of schools of nursing in the United States, something over 1000. We should have a membership of at least 1000. If every school is represented by not less than two women who are eligible for membership, then we can readily see to what strength our National League could ultimately attain, and how great an educational influence it could wield.

We have been told that "when women really want suffrage, they will get it." The same thing has been said about nursing laws, that "when nurses really want good nursing laws, they will get them." But we might as well face the fact that we will never get good nursing laws, proper recognition or good schools of nursing until we stand together, shoulder to shoulder, and work for them. We never get anything worth while without a long and tedious period of education. We must first educate ourselves and then we will know enough to educate our pupils. We must educate those with whom we come in daily working contact; our boards of managers, our trustees, our medical boards and the public about us. Great things have been accomplished by nurses in the past and we believe that greater things will be accomplished by them in the future. We are looking expectantly and quite confidently to the younger generation, who are already knocking at our doors, to take up the work so splendidly begun by our predecessors and to develop it beyond their most sanguine expectations.

ADDRESS OF THE PRESIDENT OF THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

By MARY S. GARDNER, R.N.

(Read by Miss Lent in the absence of Miss Gardner)

In 1901, by painstaking effort, Harriet Fulmer was able to discover in the United States fifty-eight different agencies engaged in what was then called district or visiting nursing. From statistics gathered in 1915 by Miss Waters, we learn of 2066 such agencies and of over 5000 public health nurses employed by them.

As we consider the great number of nurses now being drawn into the field of public health nursing, the question naturally arises, why is

this overwhelmingly rapid growth taking place, and what does it mean to the community, to the nurses doing public health work, and to the nursing profession as a whole?

To the community, it means many things. We may, I think, assume that it means that a need has been met by the public health nurse and that through her the sick are receiving skilled and sympathetic care; that lessons of hygiene are being taught to many to whom its meaning is unknown; that little children are starting life with a fair chance of health; that the school child is receiving physical attention throughout his school life; that the tuberculosis and mentally ill are being given specialized care; that those engaged in large industries are ministered to; that the hospital has been enabled to extend its field of helpfulness beyond its own doors; and that through the slow accumulation of knowledge and the gathering of statistics, future studies of health problems are being facilitated. These things we hope the community is gaining from the growth of the public health nursing movement.

To the nurse herself has been opened a new and ever-widening field of usefulness, one which not only develops sympathy and intelligence as must all nursing work if rightly done, but which from its peculiar character brings her in touch with many of the other progressive movements of the day.

When, however, we have spoken of the value to the community of the public health nurse and of the value to the nurse of the opportunities opened to her through public health nursing, we have not said all. What does this new movement mean to the profession of nursing?

I speak with all humbleness of spirit when I say that I think that it means a great deal. No closed door of opportunity is opened to the individual nurse without affecting the profession to which she belongs. New demands are made for specialized education; new problems present themselves; new responsibilities abound; new ties are formed with those who touch the work of nurses for the first time through these freshly-opened avenues of approach. With each new demand, with each new responsibility, and with each new affiliation, come added power and a quickening of the forces of life and this power and vitality act reciprocally.

If strength is brought to the nursing profession by the activities of public health nursing, even more surely does the life of the public health nursing movement depend for its very existence on the profession of nursing. One has but to read history to be convinced of this fact. A glance at the progress of public health nursing in other coun-

tries makes plain its absolute dependence on the status of the nursing profession as a whole. Where a high standard of nursing education does not pertain, public health nursing in its modern sense either does not exist or exists in a rudimentary form. This is significant. There is inevitably and rightly great divergence between the interests of nurses engaged in different forms of nursing work, and it is as foolish to attempt to minimize or deprecate this divergence, as it is to magnify its importance. The goal, the improvement of health conditions, is the same for all, though many roads lead thither and comrades on the journey differ as widely as do the conditions of the path. They may be represented by the quiet family with whom the private nurse spends long months, by the countless co-workers of the institutional nurse, by the single stenographer of the nurse who works with her pen, or by the many city agencies which form part of the machinery of modern public health nursing. The existence of these varying elements and accessories must not be allowed to obscure the fact that the nursing profession needs all its members, and that its strength lies in the very breadth and variety of which we are speaking.

Let us, who as public health nurses meet today in this southern city, gratefully acknowledge this bond, and let us firmly grasp the fundamental principle that future strength and progress do not lie in ignoring differences of professional temperament and the necessity of a response to widely differing demands, but rather in a recognition of these differences, both of temperament and of activity, and in a secure faith in the power that comes from individualism joined through loyalty to a common cause.

INFLUENCE OF LAWS REGARDING A PROFESSION ON THE PROFESSION ITSELF

By CHARLES ROSEN
New Orleans, La.

The old idea of representative or democratic government asserted in the early days of our republic, that that government alone is best which governs least, if not discarded in theory, has certainly in our day become ignored in practice.

Few persons seriously advocate such a *laissez faire* doctrine at the present time. Our whole course of legislation, federal, state, municipal, all alike, is now based on the thought that, even if that government is not best which governs most, certainly that government is best which governs most wherever needed; and that necessity has reached practically every avenue of life. Furthermore, the people now

feel that, if they cannot get relief in their local communities, they will get it from their state legislatures; and if the states will not do their duty, the people will seek legislation through the United States Congress under any constitutional clause which will afford relief. Not only what concerns the life, the health, the safety of the citizen, is considered proper for legislation, but the property rights of the people, their convenience, their comfort, and even their aesthetic tastes are alike subjected to police regulation and legislative control.

You cannot do what you please, not even in your own home or your own back yard. You cannot build your house as you please, and even after it is built you may be compelled to change it to meet the necessities of the public. You cannot deface the streets by unsightly bill boards, if the law makers' artistic sense is offended thereby.

In national legislation, too, no one any longer questions the wisdom or policy of Congress interfering where the power to legislate is admitted. On the contrary, that interference is solicited as a beneficial thing. The old clamor against Congressional interference with internal state matters has long since given way to the familiar present-day clamor for national control. This is not only true of matters of interstate commerce and railroad regulation, but has extended even to the domain of morals in such things as the prohibition of the so-called white slave traffic, and the prohibition of the importation of films of prize fights between the white man and the negro.

The anti-narcotic law provides federal aid for the protection of adults unable to protect themselves; and the pending child labor law is likewise invoked to afford the same federal aid for the protection of children who are unable to protect themselves.

There are no sectional lines, no state-rights, democratic principles any longer invoked against such legislation. On the contrary, the very ones who protest in the name of state-rights against Congressional interference in the matter of woman suffrage, appeal to Congress for protection from the inaction or wrong action of state legislatures in other things.

So that, although you hear people say that we have too many laws, the fact is that we live in an era where we feel the necessity of legislative aid in matters which concern our every day acts in life; and there is scarcely one of these matters in which we do not feel that the government's interference is for the best interests of society; for a law is seldom passed which interferes with private rights until the evil is so great and the necessity is so pressing that the force of public opinion demands the legislation and can no longer be withstood.

The result of such legislation has been, not an interference with the

people's rights, but the protection of the people; and it has meant above all the uplift of the very people themselves involved in such legislation. Public sentiment having been aroused, that which has been made illegal, becomes immoral. *Mala prohibita* become, in public esteem, the same as *mala in se*. Railroad rebates, which were formerly considered smart business, are now deemed an evil. Adulterated foods, once considered legitimate profit, are now considered inherently wrong. Child labor, formerly upheld as an economy and defended as a benefit to the poor family, is now regarded as a sin of the manufacturer and of the parent against the child and against society.

All this has tended to the uplift of the very people involved in the legislation, and a man not only is no longer willing to violate the law, but feels it is wrong to do so, and still more wrong for his competitor to do it.

Now the same thing is still truer of the professions. Formerly, an outcry would have been raised against legislative interference with what was thought to be private affairs and vested rights. Practically the only profession that was licensed by law were the lawyers. Possibly it was thought from the beginning that they most needed it. In any case, the legal profession has always been a licensed profession. Even graduates of the best universities had to be licensed. The graduate with his diploma must needs obtain his license from the courts of his state, then from the United States courts in turn, Circuit, District, Appellate, and Supreme Court of the United States; and in the last named he cannot be admitted until he has practiced for three years in the highest court of his state. The lawyer has appreciated the wisdom of this, and instead of protesting against it, has felt it to be a blessing. He knew that it exalted his profession and hedged it about with a mystery that was akin to awe; the divinity that hedges a king. He felt himself an officer of the court, a responsible member of a qualified or registered guild, just because of his license. He knew that the power which gave could take away; and that the license, once given, was the insignia of honor, which if he did not keep pure would be his no more. He knew that this meant his own protection from those less sensitive to the honor of his profession; and he felt exalted in his own esteem. His very liability to the law, or rather to the court which licensed him, made him jealous of his honor and the honor of his profession, and made him feel that wrong committed by any one of his brethren brought dishonor on the entire profession. The very fact that he belonged to such a profession brought with it also a sense of *noblesse oblige*. For the honor of the name, to live up to the ideals of his profession, to satisfy his own sense of right, he must not violate the so-called ethics of

his profession. And to such an extent has that gone, so sensitive are the best among the profession to the good name of the entire profession, that they have adopted and seek to enforce written canons of ethics, which are but the expression of their own sense of right and wrong. The whole profession, and each individual in it, feel a sense of solidarity, of responsibility one for the other, which exalts the individual and lifts up the profession, and ennobles their work.

In later years, this regulation has extended to other professions and callings, until now we have it, not only among physicians, with their allopathic and homeopathic and osteopathic boards, but to engineers, to public accountants, and, last but not least, to trained nurses.

No more remarkable development has been seen than in the matter of your profession. All of us remember the jealousy with which your advent was received. The family rebelled against the stranger put in charge of their loved ones. The mother, the wife, the sister, all felt that they could not surrender their place, their touch, their love, to the ministration of the cold, scientific, trained nurse. But, of course, all that has gone; and with the spread of science and surgery and the diffusion of knowledge, your profession has grown apace, and now no more welcome visitor is admitted to the home in the event of sickness than the trained nurse.

Sixteen years ago, when I first became connected in an official way with the Touro Infirmary of this city, our training school for nurses—opposed vigorously at first—was fighting its way through difficulties. Now it has become a success and a pride to us all, and a boon to hundreds of women. Its graduates number hundreds, and are a blessing to our own and other communities. In this state there are twelve accredited training schools; and since 1912 we have a Nurses' Board of Examiners, and are thus in line with forty-three sister states of the union.

I am sure that those of you who know the facts, will agree that in its effort to extend the great benefits of its organization, no board in the country has done more than the Louisiana Nurses' Board of Examiners to establish reciprocity between the states in the recognition of the trained nurse, in bringing about coördination of work and standards, in arousing the proper interest and *amour propre* in the nurses themselves, and above all in developing the training schools themselves to a proper standard. I may not say that they are pioneers, but I believe they are attempting to carry the work further than it ever has been carried before.

Of course, in such matters, one must go slowly. You cannot demand preliminary educational requirements which a people cannot

meet. You cannot force regulations which oppress. But certainly every reasonable effort to bring the profession to what the best medical thought believes it should be brought, should receive your active aid and coöperation.

In other words, such development should not be forced on you from without, but should be your own high ambition from within; for if your profession is to make for itself a position such as physicians and lawyers have eagerly sought for theirs, no artificial force, such as legislation alone, can bring you to it.

But legislation can afford the means, the avenue, the opportunity. By reason of your being examined and registered, you belong to a special class, honored and honorable above and apart from the unregistered, unlicensed nurse. You, too, must feel a sense of responsibility now for your profession; and not only the nurse in New Orleans for the nurse in Shreveport, but the nurse in Louisiana for the nurse in California or Maine. All that tends to honor or exalt your profession honors and exalts you; and all that dishonors any one of you tends to dishonor your profession.

This is the necessary effect of legislation on the profession. The law has given you recognition. You are out of the ordinary. A registered nurse means something; means, or ought to mean, good training, good examination, and good character.

In employing a registered nurse, the physician knows he is guaranteed intelligent and approved service, upon which he can rely.

The patient, the public, know that they are the beneficiaries of improved and qualified professional requirements, to which they can look with safety.

The training school knows that by uniform requirements, all schools are placed on an equal footing, and the nurse thereby receives recognition wherever she goes.

And the future nurse looks forward to a future of higher status: a higher standard of mental equipment, a higher standard of conduct, a guaranteed course of training and of examination, which will be, or ought to be, her passport of efficiency and honor wherever she goes.

Everything advances. Science brings forth new things. Business demands experts. Medicine and surgery require trained helpers. And your profession must go forward with the rest.

You ought to be grateful indeed that the law has been willing to interfere with your profession, to give it recognition, to give it a legal status. It has put you upon a high plane. It has put into your hands an instrument for your own good; and it will be your own fault if you do not use it to its fullest possibilities for your own good.

The examining board is not your enemy, but your friend. It is not over you, but of you. It is your Board. As I understand it, its work lies not merely in approving as worthy nurses, those whom the law sends to it for approval, but more especially in lifting up the training school so that proper standards are required, proper methods are observed, proper students apply, and proper graduates are sent forth. It works also for your good in its effort to promote and obtain reciprocity among the states, so that you shall be recognized three thousand miles away under another state jurisdiction as well as at your own home. Surely these are great things for your profession. They are also great things for each of you.

The lawyer who goes from his home to another state goes forth with the badge of recognition, with the status of his profession upon him, licensed and honored. The physician does the same. Examining boards have raised the standards of both. They drive out of the profession those not authorized by law. The lawyer also drives forth those, who though licensed, have brought dishonor upon their profession. The law has brought to you also, if not the same, at least a similar position; has given you a recognized position which you should prize and which you should guard as something which has lifted you up, as something distinctive, as worthy, as recognized among the professions; and you too may go forth, the ward of the law, registered, approved, certificated, with the badge of honor of an honorable profession.

FRIDAY MORNING SESSION, APRIL 28

Miss Goodrich explained that the session was to be devoted to business and that only delegates and permanent members should be present.

It was decided to lay aside consideration of the question of permanent membership until later in the convention.

The secretary read the proposed change in Article VI, Section 2, (new): "In the absence of the president, a state may be represented in the Advisory Council by an alternate appointed for that purpose. Section 2 becomes Section 3." In the discussion which followed the motion to adopt the amendment, it was asked whether the president of the examining board might not be the substitute for the president of the state association. Miss Goodrich replied that this might be done under the present wording but that if the amendment were changed in that way, no other alternate could be sent. A question was asked as to whether the alternate should be chosen by the president or by the association and it was decided that the wording indicated that the

choice should be by the association. On motion of Miss Ahrens the amendment was carried.

The next amendment was read by the chairman of the Revision Committee, Miss Sly: "Article VII. Standing Committees. Section 6. Amend second paragraph, eighth line, by substituting 'or' for 'and' between the words President and Secretary." The section would then read: "Blanks for organizations shall be signed by the President or Secretary of the nominating organization." Miss Goodrich explained that it has been found sometimes very difficult to get both the signatures and get the blank into the nominating committee's hands in time, and therefore it was felt by the Board of Directors that it would expedite and simplify matters if it could read "or" instead of "and." On motion of Miss Van de Vrede the amendment was adopted. Miss Sly then read the following proposed amendments:

Insert Article X. Sections (new). Amend by inserting the following:

Section 1. Sections representing the different branches of nursing may be created by the Board of Directors as need may arise.

Sec. 2. The officers of each section shall consist of a chairman, a vice-chairman and a secretary and such other officers as the section may deem advisable.

Sec. 3. Each section may make by-laws for its government provided they shall in no way conflict with the By-Laws of the American Nurses' Association.

The suggestion as a whole was adopted and then the various sections, one at a time, with some discussion. Miss Ott asked whether the chairman of a section had any other duty than to preside at that section. Miss Ahrens replied that it was her privilege to develop that particular phase of nursing work to any standard set by the section, that the scope of the work of the sections "should be unlimited as to the carrying out of work and of developing it as far as that particular group wishes to develop it."

The next amendment proposed consisted simply in changing the numbers of the various articles in the by-laws to make room for the new Article X. This was adopted.

Miss Goodrich: The chairman of the Revision Committee suggests that an amendment which was recommended at the Board of Directors' meeting be presented to you and if it meets with your approval, it could, of course, with unanimous vote, be carried at this meeting.

Article VI. Advisory Council, Section 1. Amend by substituting "The officers of this Association, the presidents of state organizations belonging to this Association, chairmen of sections and the Editor-in-Chief of the American Journal of Nursing, shall constitute an Advisory Council to consider and promote the interests of the American Nurses' Association."

Miss Sly explained that the change consisted in adding the words "the chairmen of sections," and that it was not sent out with the other amendments as it was the result of suggestions given at this convention. On motion of Miss Francis the amendment was unanimously adopted.

The question of the reorganization was then considered, the summary of the questions to be considered being read by Miss Sly.

Miss Goodrich: The first question for our consideration is: Do you approve of amending our present charter under the laws of New York State? You will remember that this charter will not enable us to have as members the presidents of the other national organizations on our Board of Directors, as we agreed that we should when they became affiliated with the American Nurses' Association. You will also understand that we will have to adopt the membership plan as suggested and presented if we do; that that involves the membership plan as presented in order to carry on our business legally in the state under the act of incorporation of New York State.

On motion of Miss Toupet it was decided not to amend the present charter under the laws of New York State.

Miss Allison moved that we incorporate under a national charter. Before the motion was put to vote there was a full discussion. Miss Goodrich informed the delegates that the securing of a national charter had been approved by the Board of Directors, by the Advisory Council and by the National League of Nursing Education. Miss Ott asked how other organizations were incorporated. Miss Goodrich replied that the National Federation of Women's Clubs, the Daughters of the American Revolution and the American Red Cross all conduct their business under a national charter. Miss Eldredge brought out the fact that the New York charter need not be annulled until after the national charter has been secured. It was asked whether there were any known difficulties in the way of obtaining a national charter and the reply was that though it must be obtained by special act of Congress the authorities consulted by Miss Delano had not thought it a very difficult task.

Miss Goodrich: The Revision Committee, through Mrs. Fox, drew up a tentative charter. This was referred to Mr. Davis, Solicitor General, in Washington, through Miss Delano. Mr. Davis then changed the charter again a little, which is, of course, a tentative charter only, but it would be a possible charter. I should have to say that if this national charter were decided upon, it would be necessary to give authority to the Board of Directors, in whatever way the Association deemed best to handle it, to take up the details of the work.

The text of the tentative charter was read, as follows:

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, Sec. 1, That.....and their associates and successors, are hereby created a body corporate in the District of Columbia.

Sec. 2. That the name of this corporation shall be "The American Nurses' Association," and by that name it shall have perpetual succession, with power to sue and be sued in courts of law and equity within the jurisdiction of the United States; to adopt and use a common seal and to alter the same at pleasure; to acquire by devise, bequest or otherwise and to have and to hold such real and personal estate as shall be deemed advisable, not exceeding.....dollars; to mortgage or otherwise incumber, should it be necessary so to do, the real estate which it may hereafter own or acquire, and to give therefor such evidences of indebtedness as such corporation may decided upon; to ordain and establish by-laws and regulations not inconsistent with the laws of the United States of America or any state thereof, and generally to do all such acts and things (including the establishment of regulations for the election of associates and successors) as may be necessary to carry into effect the provisions of this Act and to promote the purposes of said organization.

Sec. 3. That the purposes of this corporation are and shall be the professional and educational advancement of nurses, and to bring into communication with one another the various nurses and associations of nurses and federations of nurses throughout the United States of America, and to succeed to all the rights and property which have hitherto been held by the American Nurses' Association as a corporation duly incorporated under and by virtue of the laws of the State of New York on.....

Sec. 4. That the corporation may adopt by-laws for the admission and qualification of members, the election of officers, the management of its property and the regulation of its affairs, with a governing body so constituted as may be deemed advisable, and with power to amend by-laws at pleasure.

Sec. 5. That the principal office of the corporation shall be located at Washington, in the District of Columbia, but offices may be maintained, and meetings of the corporation, the directors or such other officers as constitute the governing body may be held in such other places as the by-laws may from time to time designate.

Sec. 6. That Congress shall have the right to repeal, alter, or amend this Act at any time.

The question of incorporating under a national charter was then put to vote and was carried unanimously.

Attention was called to the fact that the tentative charter includes the clause "that the principal office of the corporation shall be located at Washington." Miss Goodrich explained that the directors interpreted this to mean "that when we established national headquarters, as we hope some time to do, it would mean national headquarters in Washington. As a matter of fact, in our present act of incorporation in New York State, a similar requirement is made. We have not had national headquarters and so that has not made any difference, but it is quite right that you should consider that question."

Miss Sly then moved the adoption of the following resolution:

Resolved, that the Board of Directors be and is hereby authorized to endeavor to secure a charter from the Congress of the United States for the American Nurses' Association; that in case such a charter is secured, that they be and are hereby authorized to perform all such acts for the American Nurses' Association as shall be necessary to annul the present corporation, organized under a statute of the State of New York, to transfer all funds from the existing corporation to the new corporation, and to make such changes in the by-laws and such only as shall be found necessary in making the change; and be it further

Resolved, that the officers elected at this convention of the American Nurses' Association as incorporated under a statute of the State of New York shall be the officers of the corporation authorized by an Act of Congress of the United States.

Miss Van de Vrede suggested that it might take several years to secure the charter and for that reason amended the resolution to read:

That the officers of the American Nurses' Association as incorporated under a statute of the State of New York shall be the officers of the corporation authorized by an Act of Congress of the United States.

The amendment was adopted and the resolution, as amended, was then adopted.

The question of the revision of the membership clause was next considered, with the following introduction by Miss Goodrich:

In order to adopt the so-called convention plan, which is, I presume, a democratic form of membership, we would have two memberships; members who came in from the alumnae associations, into the county or state and into the state divided into districts, would be the associate members. The other members, charter and present permanent members, would be called active members. It was because the Revision Committee, on studying it, and I think I should also say the Board of Directors, felt if we adopted this associate plan it would be as well not to consider the permanent membership plan or active member, that the by-law in regard to permanent members was presented. Before we take up the question of the permanent member, we will discuss the question, I think of the associate member.

You have had your attention called in this summary to the fact that we now have 228 alumnae associations who are members of the national directly; that we also accept into membership state organizations and county organizations and even some local and some smaller local, if we might say that, organizations; that any group of nurses gathering together who might want to be members of this Association through their alumnae, county, city, state may again form a small group and come in again into the American Nurses' Association. That does not commend itself to a good business body of people. It seems a complicated and cumbersome form of membership; and it is suggested, therefore, that we district into states. We now have 43 state nurses' associations and any associations in a state could come in as a district into the state. You might call a district any group you would like. The word "district" is simply a word which covers a

form of membership. You may already be organized as counties and through counties into your state. You would not have to change the name of your county but your county would be a district that came into the American Nurses' Association.

Miss Toupet asked whether the district plan of membership were not similar to that of the National House of Representatives. Miss Van de Vrede brought out the idea that they were similar in that the districts are not geographical but are according to population. Miss Goodrich explained that the new form was a democratic one because it provided one representative in the national body for every fifty members in the state membership.

I think we should make it clear that you will not necessarily be assured one of your own delegates for every 50 members of your alumnae association if you accept the district plan, but I think that now we have grown away from that and what we are trying to do is to make a nurse a nurse, whether she is on the Atlantic Coast or the Pacific Coast or the Gulf of Mexico. Then, by virtue of our standards, we accept this woman as a nurse, and when we get together in our small alumnae, we send as delegates to our county those who we deem will best represent the alumnae and the interests of the local associations; and from the county we select those we deem will best represent the interests of the county in the state, and so on to the national, and inasmuch as every alumnae association will send one to fifty, if an alumnae association has 50 members, it will only have one delegate to represent it, and an alumnae that has 400 will have eight members to represent it, consequently, it will still have a very large precedence over the smaller alumnae, so they could have no feeling in the matter.

Now the question arises as to money. That is an important question, but it is not as vital as it seems. What we are concerned with in the American Nurses' Association is the 15 cents per capita. We believe we should have from the state the 15 cents per capita which is now paid by the alumnae associations. We believe that most alumnae associations, if not all members of the alumnae associations, would be very thankful to feel that when they paid their dues into their alumnae, automatically they became members of the American Nurses' Association. It might be that there is no alumnae association and that there are 50 members in a district and that there is a state nurses' association, and again the fee for the dues for that district would pay through the state into the national. What the state should get and what the county should get from the alumnae dues per capita is a matter, we feel, of internal management; every state must determine that problem for itself. We cannot determine how you should district your state, whether you will district it geographically, or in counties or how you will do that or what you will make your dues or what you will ask the alumnae associations to make the dues. I should suppose the alumnae associations would determine their own dues, that they would pay, for instance, as some alumnae associations do, 30 cents into the county per capita, 20 cents from the county per capita into the state, but that is, again, a matter of internal management. What you have been doing as alumnae, 228 coming in here, has been to pay 15 cents per capita.

Miss Burns inquired whether this would amount to a taxation without any representation. Miss Toupet asked how any per capita taxation, based on per capita representation, could possibly be taxation without representation. Miss Burns explained that if an alumnae were represented through the county and the state its representation and interest in the national became "diluted."

Miss Gillespie asked whether the change would not eliminate the alumnae completely.

Miss Goodrich asked those in the audience who were at present representing both their state and alumnae associations to rise. Many responded. She then asked whether by virtue of representing their state they were eliminated from the alumnae and they replied, no.

Miss Goodrich: That is the situation, don't you see that you are still coming from your alumnae associations in your state? I see no dilution. I see a great strengthening. I see delegates carrying back to their alumnae the interests of the state and also the interests of the national. I see them coming to the national bigger and broader women, with a wider education, and that is happening in the state owing to the fact that they have been interested in the county and in the state. That is our point of view and . . . . I cannot conceive of a district that would not try to represent as many of its alumnae associations as it could. I should also always see that those alumnae voted who should be the delegates from their alumnae; and again, they go to the county, those who are delegates, and vote who should be representatives in the state; and again, the state, formed of those alumnae associations, vote who shall be delegates to the American Nurses' Association. Consequently, while there may be an alumnae association which does not happen to get a national delegate, incidentally they may send any person on to attend the meetings, even though she does not vote. Many of our members have come here without a vote. We see them attending meeting after meeting. Their principal idea is to get knowledge.

Miss Robinson brought up the question of non-resident alumnae members and it was explained that if a nurse lived away from her own alumnae association, she would have to come directly into the county or the state, as the case might be.

Miss Rockhill: Would not the getting of representation from the alumnae be a sort of political pull, for each delegate to work in the state association?

Miss Ahrens: I do not think it would be a political pull; I think it would create a new interest in our state organizations and make people come to the meetings who felt there was a reason for coming and getting a reason for helping in the job; I think that is what we all want.

Miss Delano brought up the question of the expense of sending delegates from the state, whether there would be sufficient funds.

Those in the audience whose expenses were wholly paid were asked to rise, also those whose expenses were partly paid and those who paid their own expenses. The result convinced Miss Delano that the danger she feared was not a real one.

Miss Goodrich: I feel that every state would work out this problem, and they are quite capable of working it out; knowing the generosity of the alumnae associations as I do, I cannot conceive that they would not club together and send delegates, when they have voted upon as many as they thought it was reasonable to send, and pay their expenses. It is not merely a question of money. I have always found that those who were most loyal to their alumnae associations were most loyal to the county and state and to the great problems of nursing at large. So that I feel that we can trust to them to work this out.

Miss Rockhill reported the New Jersey State committee, appointed for the purpose of considering the matter, as favoring the reorganization as a whole, but as suggesting adopting biennial conventions at once, to give the associations more time to work out the details.

After some discussion as to whether the question should be taken home for further conference, it was decided to go on with the matter on Monday afternoon, giving up the time which had been set aside for the social hour. The meeting then adjourned.

FRIDAY AFTERNOON SESSION, APRIL 28, 1916

The afternoon session was a general one under the auspices of the National League of Nursing Education, Miss Noyes, president of the League, in the chair. The general topic was The Place of Elective and Special Courses in the Training School Curriculum. The first paper, What is Required in the Training School Course for the Public Health Nurse? by Katherine Tucker, will be printed in full in the League report but is not given here. In her discussion of this paper, Miss Lent of Baltimore said the criticism usually made of public health nurses was that they are "too medical" that they cannot see the social side and that this was because women entered public health work from the training school without any other preparation. She advocated the giving of lectures on social subjects during the first year, perhaps soon after the probation period, believing it would help the students in their hospital work as well as afterward. She suggested that the hours of work be cut shorter to allow for these lectures and that the lectures need not necessarily be made additional ones, but that the medical lectures could be given a social aspect.

WHAT CAN THE TRAINING SCHOOL DO TO GRADUATE BETTER PRIVATE DUTY NURSES

By ELIZABETH E. GOLDING, R.N.

In these days of "preparedness" it is wise to look to a proper preparation of the nurse in the training school. Many are the problems that are before her and particularly many are the needs of the nurse expecting to do "private duty."

No matter how skilled the artisan or how perfect the setting for his work, the result is poor unless his *material* is of the *finest*. And so, first of all, the *woman* must be the first choice. *Woman* in large letters! For all the training in the world seems useless unless the character of the woman makes the perfect foundation for the superintendent to work upon. I need not add education as a requisite, for that is so vitally necessary that I pity the training schools where the choice is limited and the necessity of accomplishing the work of the institution causes more attention to be given to the number of the applicants than to their quality! I think each superintendent ought to be in closer touch with her pupils than the present formality of training school life permits. This would permit of a full knowledge of the *personality* of her pupils. Then, later on, when she is asked to recommend a nurse for a case, she knows the special nurse's individuality sufficiently well to be able to say whether Miss Jones could nurse Mr. Grey, a susceptible young bachelor, or whether Miss Green would suit Mr. Harris, a miserly, particular old man, and so on down the list of requirements.

The foundation training we take for granted—bedmaking, care of patients in every way, how to handle a patient, *how to turn her* without hurting her, treatments, poultices, care of wards and closets, instruments, bandaging, surgical and medical training, anatomy, physiology, materia medica, preparation of room for operations in private houses, the consideration for fellow pupil nurses and patients, remembering always that no matter how poor, forlorn or dirty a patient may be, probably somewhere in the world some one cares for that patient and sorrows for his pain.

Pupil nurses have had almost unlimited use of linen, the finest and most expensive equipment, and the cost to them is sometimes an unknown quantity. The economical care of household linen and the personal property of patients in private homes should be taught every nurse. The domestic problem is *so* important to the poor, sick housewife, when perhaps the laundry work is done by the one maid who is house maid, laundress and jack of all work. It is so easy for a nurse

in a hospital to "list the laundry, put it in a bag and down the chute." Perhaps if that nurse followed the process and were taught the meaning of the labor attendant upon the work she would develop a carefulness that would always be useful. The nurse should be taught not only the care of linens and household things, but the cost of many things needed in the home of the poor as well of the rich, the proper disposal of things in apartments where only gas stoves are in use and the careful wrapping of soiled pads, placentas, etc., in maternity work, for burning in the large furnace in the cellar; the care and disinfection of linen, etc. (particularly in typhoid and tuberculosis), at the smallest outlay of time and money; also proper quarantine and protection of other members of the family in contagious diseases is most needful. In maternity work the minimum cost of the very necessary things should be worked out for the expectant mother, and economy in all its forms ought to be explained to the pupil nurse expecting to do outside work.

"How to pack a trunk." I suppose to the very busy superintendent this sounds like nonsense, yet I was told by an instructress, connected with one of our largest hospitals, that many people had complained to their registries of nurses spoiling clothing by improperly packing them when traveling.

When and how to call an ambulance for emergency cases, how to secure wheel chairs, stretchers and attendants at stations. All these things are like mountains when not known; mere trifles to those who are experienced.

'Twas well said that "a sweet voice in a woman is a pleasant thing," and yet how few nurses can read well aloud, and how helpful to a convalescent it is to have a nurse that can read well and whose voice is soothing and not rasping. It might almost seem that a few lessons in reading aloud could be added to the training school curriculum.

I say again as I said before, every superintendent of a training school needs to have done private duty nursing, for then and *then only* is she in a position to help and counsel the young woman about to go out into the world and carry the standard of her school. I have met nurses who have said, "I love my superintendent, she has meant so much to me." Others have said, "I never had a kind or helpful word from mine." What a lost opportunity to impress her personality upon her pupils!

Private duty nurses need more preparation in many things, and yet some of our faults to which our patients most object are things that can hardly be taught. We must be "born" tactful and patient, unobtrusive and wise. We must have deaf ears and a still tongue, a

ready sympathy, a skillful touch, and so on and on. I often wonder if a few talks from a private duty nurse of much experience would not be helpful to nurses about to graduate. In the hospital the nurse "obeys" orders, and while every woman is supposed to have initiative, what would the young graduate do who was called to an hotel and asked to eat in the maids' dining room, or asked in a private house to eat with the servants? What would she do if she went to a man's club or hotel and no wise or thoughtful doctor had stopped at the office and told of her expected arrival?

Do superintendents allow their pupil nurses to catheterize male patients, or are they instructed not to do so? Such apparently trifling details spell "Morale," ethics. How are dietetics taught? I'm afraid that is one subject in which many nurses taking examination for state registration "fall down," and how necessary is a proper preparation!

How about diets for diabetes and Brights and all the ills to which flesh is heir? As Burns said, "Wad some power the giftie gie us to see oursels as ithers see us."

Learn thoroughly what you learn and *teach it thoroughly*. A half knowledge is a dangerous thing and in this progressive age the patient and family are on the alert and the young mother (especially) knows symptoms and "whyfores" well and a large magnifying glass is always focussed on the nurse. Train her well in all foundation work. Early after admission the nurse might be allowed to say whether she intends to specialize, and classes for "special work" might be organized. I know of a large training school where one pupil never worked one day in a woman's ward in her hospital. She had her maternity work outside, but her superintendent could hardly say that nurse was properly prepared for her life work.

Teach ethics and so live; teach kindness and live it; discipline—yes—but *personal* contact and interest and explanation of all alumnae and organization obligations, an intimate acquaintance with our *nursing* Journal and the Guild of St. Barnabas, a large outlook on life and an avoidance of narrowness and the "personal." These are just a few of the many "problems" of private work, the solving of which may help in making future graduates a joy and comfort to all mankind.

At the conclusion of the paper those who had ever done private nursing were asked to rise and nearly all in the audience rose. Miss Golding asked where private nurses had found their training lacking. Miss Ott replied, in assurance. Miss Eldredge replied, in ignorance of the cost of supplies when ordering for a patient.

I think in a great many cases that is one of the things to teach our pupils. It is one of the things which they do not feel the importance of. I know they didn't in my day.

Miss Noyes: I would like to say, in defense of a great many training schools, that they spend a great deal of time at present in teaching their pupils the cost of supplies and the use of supplies; I think the schools are paying far more attention to that than they used to.

The paper, "Is it Desirable to Include Training for Executive Positions in the Three Years' Course?" by Helen Cleland will also appear in the League report.

The discussion that followed brought out the fact that as the present pupil in a training school is younger than those of former years, she needs her full three years for training, taking her course for administrative work as a post-graduate course. Several speakers emphasized the fact that graduates of large hospitals are not, because of that fact, fitted to become superintendents of small hospitals without further preparation, as the small hospital is of great importance in its community and has its own very difficult and peculiar problems.

HOW MUCH TIME SHOULD BE ALLOWED FOR SPECIALIZATION DURING THE TRAINING SCHOOL COURSE

By ELSIE M. LAWLER, R.N.

I have been asked to express my opinion on this most important subject and appreciate the opportunity, not because I feel particularly competent, but because I feel that the time has come for the administrators of schools for nurses to take part in this discussion.

For years, I think we may say, we have attended gatherings of nurses and have heard the social service nurse, the tuberculosis nurse, the district nurse, the public health nurse, the infant welfare nurse and the school nurse, all declare in emphatic terms that the training school was a failure as far as preparation for the particular branch in which she was interested was concerned; and that feeling of utter hopelessness and despair which, I believe comes more often to the head of a training school than to any other human being, has almost engulfed me. However I must confess that the gloom has been somewhat lightened by the realization that the speaker, doing successful work, has in many cases, had very little additional training and in spite of that was a most efficient and valuable worker.

From the point of view of the training school, this question cannot be decided by arguments presented by any one group of nurse specialists, for the specialist throwing herself heart and soul into her chosen field, sees more clearly the demands and possibilities of that branch

of work, than of any other, and it is fortunate for us who must be neutral, that it is so, for we have thus presented to us expert opinion on every specialty, and as our schools provide the nurses who go into all of them, we cannot neglect one for the other, but must provide a foundation for any or all. I feel that unless we move carefully, we will be like the man and his ass that we read about years ago in our Aesop's *Fables*—that if we try to satisfy all the demands we will please no one and find ourselves with our schools in a state of chaos.

The question, then, for us to decide is, how can the period of training be arranged so that we provide for our students the broadest foundation for any phase of nursing work, and how best can we prepare them to meet the responsibilities that will come, and should we be expected to provide any special training?

There are certain features of the training about which there can be no discussion. I think we are all agreed that the course should be three years; there should be an eight hour day, shorter, if possible, never longer. The lecturers and instructors should be paid; suitable teaching material and equipment should be provided; the living conditions should be satisfactory; and as a result of all these things students of the proper type and with superior educational equipment will be admitted to our schools.

In outlining a course of training, there are certain subjects which we all agree are essential and in which the nurse must be proficient before she leaves the school. She must have had experience in the care of medical patients, of surgical, gynecological and obstetrical patients, of children, surgical and medical, and she must know how to prepare for and to assist with any variety of operation. In addition to these we feel that she should receive instruction in psychiatry and have some experience in an active out-patient department, for to my mind it is an important and valuable part of her training.

The question that we may not all agree upon is, how long should be spent in these different departments. The following is a good basis on which to work:

	months
Preparatory period	6
Care of children	4
Medical nursing	6
Surgical and gynecological	7
Private wards	3
Psychiatry	2
Obstetrics	3
Operating rooms	3
Out-patient department	1
Vacations	2

Making a total of 36 months.

I have not mentioned night duty, as if this term of service is arranged as it should be, it is part of the period of training in the particular department to which the student is assigned. There is, as you know, a great difference of opinion as to how much time shall be spent on night duty, some going so far as to say that graduate nurses should be employed, as this should not be considered a part of the training. In this I cannot agree, for while I do feel that as night duty is arranged in many hospitals, where pupils are on duty from 7 to 7 and are expected to care for an impossible number of patients, it is not training but drudgery, and should not go on. Yet I do feel that if properly arranged, night duty gives us an opportunity for developing our students in a way that nothing else will. In the busy wards of a modern hospital with all the scientific work that is done over our patients every day, with the presence of doctors and often of medical students, and where if the teaching of the nurse is kept foremost, it necessitates close supervision of her work; the pupil, one of several, gets little opportunity to stand on her own feet and so shirks responsibility when it comes to her. At night it is different, and it is the time of the 24 hours when all sick people need more nursing, and granted proper hours and sufficient supervisors, it seems to me that a short period (say three or four weeks) in the children's department, the obstetrical ward, the private ward and a free ward, are valuable adjuncts to the training. Again, sick people outside the hospital must be nursed at night and our nurses must expect to do it, though at times, when one is told by a registry that there are four nurses on the list all registered against night duty, one wonders where the help is to come from.

The schedule that I have outlined is of course only an approximation, for any plan must be adjusted to meet the requirements and limitations often of the different students. I think you will agree with me that not one of these departments may be omitted, though I feel the value of the time spent in psychiatry may be questioned, but only because it has been possible for so few schools up to this time to demonstrate the value of this additional training. Surely no matter what particular specialty the nurse may elect, she needs some knowledge of how to best serve the mentally ill. On the other hand some will probably affirm that two months in this department is not long enough; and to those I would say, not long enough to prepare to specialize in any form of psychiatric work, but long enough to get a working basis.

With regard to the length of time to be spent in each department, I hear some one say that if the first object is to instruct the nurse, it could be done in shorter time, that a great deal of the pupils' time is spent in scrubbing and cleaning and similar tasks that might be rele-

gated to maids, and thus time saved for other things. This is of course true, but I think you will agree that in the hospital of today, with its metal furniture, with utility rooms where wooden shelves have been replaced by marble or metal and with all the advance that modern hospital construction has made in improving working facilities, the amount of cleaning of this sort done by the nurses is a very different question now than a few years ago, and as a matter of training certain household tasks must be performed by the pupils. Many hospitals are endeavoring to employ maids to assist the nurses and find themselves with another problem on their hands. In the hospital that I am connected with, during the last year we have appointed three maids in different departments to relieve the nurses, and we have discovered that it requires eternal vigilance on the part of the supervisors to see that these maids perform the duties assigned to them and no more. Nurses change constantly but the maid is permanent and becomes familiar with tasks that she should never have assigned to her, and we find the nurses letting her perform them.

Again, a favorite criticism of the modern nurse is that she is careless of property, that she does not know how to protect polished furniture, floors and rugs, that she is careless of the linen and dishes and utensils that she handles, and expects to be waited upon. If, in the hospital, the care of all these things falls upon maids and the nurse has no responsibility, we must expect this criticism, for certainly the modern young woman has had little of this practical experience before she enters school, and I find that it takes careful teaching to impart this knowledge and skill, and constant supervision to see that it is carried out. Do we not find that the tendency of today is to select the interesting things, the part of the task that "appeals" and leave the less interesting but equally essential routine to be done by someone else? Now as a matter of training, if a pupil is allowed to do this in the school, will she not do it after she goes out, and this tendency is equally disastrous in social service work, public health work or any other branch of nursing. Then as to the maid—here again we have difficulty. As I have said, she becomes familiar with the work—nurses allow her to perform tasks that she should not do and before we realise it she has gained a valuable experience and she leaves, and we next hear of her starting out as a nurse.

Then again, to take one department, say medical nursing, does it not require longer today to become an adept in all the nursing procedures than even five years ago? Then we instructed our pupils in the routine nursing care of the patient, the giving of sponge, pack, tub and sweat bath, the application of stupes, poultices, etc., the ad-

ministration of the different forms of enemata and the preparation for subcutaneous injections. Today, in addition to this , our pupils must become familiar with the preparation of any procedure, in intravenous injections, thoracentesis and blood cultures; must be carefully instructed on the subject of serum therapy, be familiar with the administrations of the different sera and know what reactions are expected. She must become familiar with many and complicated diets so that she may intelligently assist the physician in all the metabolism work going on today; must know what is expected of her when any of the numerous tests are being carried on, as to care of patient, diet and collection of necessary specimens, and if these things are to be done intelligently, we all know how much teaching and instruction is required and what exact, careful attention to detail, it demands of the nurse. It is not only in medical nursing that we find our work added to and complicated, but in every single department, so it would seem not to be a question of less time, but more time necessary.

Then too, a certain number of weeks in a department does not constitute a training, for the student is required not only to know why and how a thing should be done, but to have done that thing herself over and over again until she is proficient, and some students require weeks more than others to acquire this dexterity.

We are fortunate in admitting to our schools every year more college women, more women who have spent the greater part of their time before coming to us in school and college. In a recent article by Dr. Charles W. Eliot, President Emeritus of Harvard University, on changes needed in American secondary education, he says that, "America's secondary schools pay little attention to the training of the senses and provide small opportunitites for acquiring any skill of eye, ear or hand or any acquaintance with the accurate recording and cautious reasoning which modern science prescribes." He goes on to say, "In respect to the training of their senses, the children of well-to-do parents nowadays are often worse off than the children of the poor, because they are not called upon to perform services in the household or on the farm which give practice in accurate observation and manual dexterity."

This statement would make it seem that if we are bringing women of higher educational advantages into our schools, we would need with these students to lay particular stress on the work in the ward over the patient where they can acquire more quickly the qualities lacking, for no woman can be successful in any branch of our work without having "eye, ear and hand" under perfect control.

I have enumerated the different departments in which our students

must have had experience, but have said nothing about the work going on in lecture and class room. Here, too, we find that the number of hours devoted to lectures and classes increases every year. A course of lectures as planned last year, must be lengthened this year. New subjects of interest and value to the students are constantly being recognized, and we hasten to arrange that they receive the instruction.

But is this all that is expected of us, and what are some of the particular difficulties of the schools?

First, we are expected to send out "trained" nurses, not simply "informed" or "instructed" nurses, but nurses who have repeated intelligently all the nursing procedures so often that they are experts. And this can only be done by the nurse who realizes that no matter how superior her educational equipment may be, it counts for little if she has not learned to apply it so that every piece of work she does, no matter how simple, is the better for it.

Next, we must send out our students with some conception of the responsibilities of the profession they are entering, ready to take hold of a difficult task and stick to it till something is accomplished. We must help them to realize that when they leave us they are only beginning and must start at the bottom of the ladder and climb, as this is the only way to reach the top; that they are to do the nursing work of the world as well as teach others to do it, and that in their training they have been given the foundation upon which to build and that any foundation properly laid ensures the permanence of the completed structure.

To do all this, it seems to me that three years is little enough, and I cannot see how six months, as some suggest, or even three, could be set aside to prepare a nurse to specialize in any particular direction, but granted that it could be arranged, would it be fair to require this special training of all the pupils, for only a certain number would follow that specialty? I hear someone say, that brings up the question of electives.

During the last few years, I have approached a large number of my senior students on this question, I have endeavored to find out what plans or hopes they had for future work and if they desired to curtail training in one department so it might be lengthened in another, and so on. My experience has been that in the case of the most promising students, those who would be most capable of deciding wisely, they invariably preferred to leave the question of their training in the hands of the superintendent, as they felt they were in no position to judge of what would be of most value to them and they preferred to have as full a training as possible in every department.

I think it must be from students of this type that we base our opinions and not from students who might elect some particular department with the idea of "the lesser of two evils."

And is a student in training in any position to decide wisely? Have we any right to send them out equipped for one particular branch of work? For the chances are about even, I think you will agree, that after they start out they will not do the thing we prepared them for. I have in mind now a student who entered our school with a very definite purpose in view. This was kept in mind during her whole course and she was helped over hard places and her training was planned, inasmuch as we could, to get her ready for what she wished to do and which we felt she could do. She left the school and less than one month after, I found her contemplating a piece of work as far removed from the kind of thing we expected her to do, as could be, and for which she was totally unfitted. Would not that be the case with a great many? There is also another point to be considered in this connection; if we endeavor to give the student during her training this preparation for specialty, is there not the danger of making her lose sight of the chief object of her training, for she cannot possibly be a specialist before she has mastered her profession. In medicine, the profession most nearly akin to our own, the student cannot specialize before he receives his degree but must spend years often in additional preparation.

Because I do not feel that a certain time can be set aside to be devoted to preparation for a specialty and because I do not yet see how electives could be arranged advantageously, does not mean that I do not feel that some training for public health work ought not to be included in the three years, nor does it mean that I feel that we should be satisfied with the training we are giving our students now. I do feel strongly that a great deal can be done, but it should be a part of the general course, as it would be equally valuable in the preparation of any branch of nursing. Every good school today should arrange for lectures to be delivered by the superintendent of the District Nurses' Association, the nurse in charge of the Social Service Department, the nurse in charge of the tuberculosis work, of the Infant's Welfare Work, and so on, so that the students would be familiar with the different activities and the particular demands that each would make upon them. During the entire training, as each group of lectures are taken up, the social aspect of that particular disease may be discussed, and in the out-patient department and in the wards, the pupils should be given the opportunity of observing the carrying on of the activities of the Social Service nurse, and so on. But my reason for feeling that

more than this we cannot do, is because, in my opinion, our schools are in no condition to undertake more than they have already assumed. We all know what our ideal school would be and we know how far short of it our present schools fall. We all know that we are striving to our very utmost to improve conditions, to make our schools the educational institutions that they should be, but we also know that we must reach that longed-for height by developing the schools we now have, and during the process of development must train our students to the best of our ability. If we undertake to give the student a working basis for any form of nursing work and strive night and day to improve our schools so that we may do that with some degree of satisfaction, it would seem about all we could safely undertake. Have we any right to suggest adding one more thing to our curricula, when the majority of schools are working the nurses nine and ten hours per day, and even longer? and when so many of them are not really teaching the A. B. C. of the profession? If any school declares it can arrange to give their pupils six months' field work in district work or public health work, I would like to suggest that it might be better for both school and pupil to take that six months to shorten the working hours of the remaining two years and a half, for would it not be better to give two months of eight hour days instead of six weeks of ten hour days in any department? Then, too, we say in sorrow that the hospitals are utilizing the pupil nurse, that they are exploiting her for their advantage. How can we be sure that in the course of time we would not find the very same condition existing in District Nursing Associations; Social Service Departments, and so on? How long would it be before the pupil nurse would be there as an addition to the staff, with a definite place to fill, and not as a student solely, then the salaried staff should be increased instead of decreased on her account, as her teaching must be carried on in addition to the work.

Again, in the last few years the tendency has been to admit younger students to our schools, indeed I believe there have been those who advocated that they be admitted directly from high school. Quite apart from what our personal opinion may be on this subject, a glance at the state laws will show us that the majority of the states require the nurse to be 21 before applying for registration, only 6 states requiring the nurse to be older, and 2 allow her to register younger, one at 18 and the other at 19. Thus, many schools admit students of 19 and 20 and some younger, and is any young woman of 21 or 22 ready for such a responsibility as public health work, and could she not afford to spend some additional time in special preparation?

My opinion then on the subject is this, that the training school should provide for its students a broad and thorough training in the departments that I have mentioned, that we should make our students realize that additional preparation is necessary for certain definite specialties. If she has received in her course some training in psychiatry and in the care of private patients, she should be ready for private duty, but if she desires to take up institutional work, she is not ready to take charge of an insitution but should begin as a head nurse and work up, that if she feels called upon to enter any of the many branches of public health work, she must prepare for it, and if in addition to this we can make them realize that they will make their best record when they are more deeply concerned in what they are giving to the work than in what they are getting from it, we will have gone far on the road to a solution of many of our difficulties. This is a commercial age, but surely of all professions ours should be the last to become commercialized.

However if special training is required for public health work, I hear the question, How is it to be obtained, and where? This is a problem I think to be solved by us all, first, to decide what would be the most valuable preparation, and where should it be given, in direct connection with a training school, a district nurses' association, or both? Then the next thought is, but we cannot get the required number of nurses now to do what must be done and if we require additional preparation, what will be the result? For many years those nurses who have struggled in the interests of higher standards for our schools, have insisted that the desired end could not be reached so long as the exigencies of the work and the demands of the hospital were considered of the first importance, and have said that if the schools would insist on high requirements for admission, would provide the proper training and all necessary teaching facilities, there would be no shortage of pupils. This has I think without doubt, been demonstrated to be perfectly sound reasoning, for the best schools that have worked on this basis, have had no difficulty in this respect. Why does not the same apply to the public health problem? and I feel confident that should definite preparation be required and a place be provided to supply that preparation, there would be no lack of nurses.

In conclusion, may I quote from an article read by Mrs. Robb at the Federation of Nurses' Convention in Washington in 1905 on "The Affiliation of Training Schools for Educational Purposes." That Mrs. Robb, eleven years ago saw so clearly the very difficulties and trial we are struggling with now, makes us wonder again at her remark-

able vision into the future and realize afresh all that the profession owes to her. She said:

> Our great trouble has been that seeing all these many fields of usefulness ready for nurses and needing workers, for want of a proper system and classification, we have frantically tried to add on a little instruction in each, to the list belonging to the general nursing curriculum, with the result that no one of them is dealt with thoroughly, and that the special student is unsatisfied and the general student has one additional burden to carry. If we are willing to reorganise our training schools on the basis of a general theoretical and practical education that will embrace all hospitals and all subjects pertaining to the care of the sick and rigidly relegate all other subjects to their proper place as specialties to be taken up only by the women who have the natural ability and taste for them, we shall in the course of time reap some very satisfactory results in both the general nursing and the specialties.

Miss Lawler's paper was discussed by Miss Riddle, whose summing up of the matter was: We believe that the training school cannot make specialists in the time now allotted to its courses. We do not see how anything we now have in the curricula can be cut out. We believe that the training school is the elementary school from which the nurse must go on to the higher school to become the specialist. We do believe, however, that this elementary school should be as broad and cultural as possible and remove from its course that which is worn out and outgrown and substitute that which will be most useful to its pupils, whether a specialty or a more thoroughly rounded practical experience.

FRIDAY EVENING SESSION, APRIL 28, 1916

A public meeting under the auspices of the National Organization for Public Health Nursing. General subject: Public Health Nursing under Governmental Control.

In opening the meeting, Miss Crandall said:

> We hear from Doctor Hill, formerly Health Commissioner of the state of Minnesota, in a little book called *New Public Health*, that the emphasis on health administration, in these recent days has swung rather decidedly from sanitation to hygiene, from the environment of the individual to the individual himself; and it is because of that new emphasis, that the nurse herself has come to hold a very important and conspicuous part in such a program. The one-time visiting or district nurse has now become a public health nurse and the work that she has done for more than a quarter of a century in this country, and twice as long in England, under private direction and support, is now rapidly becoming a matter of public support and control.
>
> Up to this time the National Organization has said little and done comparatively little in behalf of work under public control and direction, but that work is growing now so rapidly that it forces itself to the front, and we have felt that

this year we could give it first and most considerable attention. Until a few years ago, we heard little of municipal or county or state nursing service. It began in the cities and towns and now there are over four hundred of these appropriating public funds to maintain in whole or in part some form of public health nursing. There have been a few scattered counties doing the same sort of work, largely in behalf of tuberculosis. Until very recently there have been four, but now there are still more states which have definitely planned state programs of health, in each one of which nursing is forming the conspicuous part. . . . . So far, at least, no public money has been appropriated for the actual care of the sick; and even in this educational campaign, so far as house visitation is concerned, a special function of the nurse in large part has been limited to people of the poorer classes. No such service can be considered complete until sick care is given as well as attention and prevention in behalf of health; nor can it be considered complete until people of all classes are provided this sort of service.

It has seemed to many people—and indeed, some countries are already acting upon it—that some form of insurance is the answer to these last two demands, in the whole consideration of the subject. Some of the European countries have for several years maintained a health insurance service. It has remained for America to add to its plans the conspicuous feature of getting as one benefit sickness service, I mean nursing, along with cash and medical and institutional benefits. Therefore, the American Association of Labor Legislation, having presented in three of our legislatures, Massachusetts, New York and New Jersey, in the last few months, the first bill that has been presented in America for health insurance, has launched in America a campaign which will undoubtedly end, in some comparatively near future, in America's furnishing all people earning less than $100 a month a health insurance which will include nursing care.

Miss Crandall then introduced Dr. Oscar Dowling, late Commissioner of Health for Louisiana, as chairman of the meeting and the first speaker, his address being on Public Health Nursing under Government Control. Dr. Dowling was followed by Dr. C. E. Terry of Jacksonville, Florida, on Public Health Nursing, a Municipal Duty; Department of Public Health Nursing as a Unit of County Health Control by Ethel S. Parsons; How Public Health Nurses Can Aid a State Department of Health to Extend its Program of Health Conservation by Robert G. Paterson, Ph.D., of the Ohio State Board of Health, read by Mr. Tipping of the Touro Infirmary; and the Relation of Nursing to Health Insurance by Olga S. Halsey, read by Katharine Tucker.

[NOTE.—It is a matter of regret to the officers of the American Nurses' Association and to the editor of the JOURNAL that the limits of a single magazine do not permit the reporting in full of the joint sessions. Many of the public health papers will be found later in the *Public Health Nurse Quarterly*.]

SATURDAY AFTERNOON SESSION, APRIL 29, 1916

GENERAL SUBJECT: PRIVATE DUTY NURSING

The chairman of the session, Frances M. Ott, was introduced by Miss Goodrich.

MISS OTT: We have accomplished this much in the past three or four years that we have now an organisation of our own which is a section of the American Nurses' Association. This section can have representation in the Advisory Council; we can have our own officers and by-laws; beyond that I do not believe we need any further organisation, because we are really a part of the American Nurses' Association. One beautiful thing about the nursing profession is that there are no lines; there is no competition of any kind; we are working for a standard, that each woman may do her best with whatever ability she has individually.

WHY PRIVATE DUTY NURSES NEED AN ORGANIZATION

BY FRANCES M. TAYLOR, R.N.

The Private Duty Nurses' Association is the name of a new society recently added to the list of nursing organizations. Is there a need for such an association and what are its purposes? Turning to the constitution and by-laws we find the following clauses. First. The purposes for which this Association is formed are the advancement of professional interests, the promotion of unity among its members, and to aid in advancing educational and financial affairs of private duty nurses. Second. Graduate nurses of recognized training schools, connected with a hospital, who are registered nurses, are eligible for membership.

Statements such as these imply that the highest standards for nurses and nursing methods have not yet been reached, also that nurses themselves are conscious of the defects in the present system and are reaching up for higher ideals not for themselves alone, but for all those who may enter the work in the future. What are the problems that confront private nurses today? Everywhere nurses are deploring the lack of employment, due to a training that was incomplete, to favoritism, the age limit and competition by the non-graduate women. Those having sufficient employment complain of poor housing, long hours of service, no time or facilities for recreation or educational advantages. On the other hand the public and hospital superintendents say there are too many women in the work who are lacking in education and other qualifications which young women should possess in order to become successful nurses. They say they are careless, extravagant and indifferent, seeming to have chosen nursing as a means to an end

and not as a life work. What answer can we give to these complaints? There is truth in all of them. Some nurses will have to plead guilty to the charges brought against them for all do not measure up to what ideal nurses should be. You ask do they not hold diplomas from hospital training schools, saying they are qualified to care for the sick committed to their care? They do. Then why are they classed as inferior women and inefficient as nurses? There must be a fault somewhere. Where does it lie?

During the last decade, hospitals almost without number have been opened in all parts of the country, varying in size from the small special one caring for 20 patients to the larger ones with a capacity of from 50 to 200 each. In most cases they have maintained schools for the training of nurses, and the entrance requirements for pupils and the instruction given them after admission to the schools have been as varied as the size and character of the institutions themselves. The chief problem in most of them is to get their work done, especially that of caring for the patients in the wards, while the higher motive, that of training their pupils how to nurse properly all classes of patients suffering from any malady, likewise their duty to the public as professional women, was regarded as a secondary consideration. No wonder then some of these nurses have failed to make good since graduation, "to use the common parlance of the day." Then, too, nurses have not always received the treatment educated women are accustomed to receive. This has in a measure prevented many women from entering the work who would under more favorable conditions make ideal nurses.

In former years, it was the custom also for the majority of private patients to receive their nursing care at home, the nurse receiving in addition to her salary, her board and laundry. Today, however, the medical attendants are constantly urging the removal of their patients to the hospitals for treatment in order to eliminate from the home the disturbance and other unpleasant features which arise when illness attacks the family. This invariably proves a hardship for the nurses for it means added expense for meals, carfare, etc., as well as a reduction in salary; for the trustees of many hospitals have a ruling that their nurses shall not receive more than three dollars "per day" for their services, claiming they must safeguard the interests of their patients, failing to take into account, or even ignoring the physical well being and financial needs of those who played so important a part in the recovery of the patients who had been committed to their care. We deem this ruling most unfair, especially when the question of money does not have to be considered by a large percentage of the private patients in

the large hospitals today. Nurses are capable of and should be allowed the privilege of regulating their own fees, and they would be wise to adopt a sliding scale, as members of the medical profession do, rather than a fixed salary, which is the prevailing custom at present. If this were done the larger share of the expenses incurred by illness would be borne by those best able to bear them. The problem of the unemployed in our ranks is becoming a serious one, especially in the large cities. The establishment of central clubs and registries will help to overcome this in a measure if properly managed. It is the custom of many large schools in the Eastern cities,to maintain a registry at the hospital for their own graduates; this is convenient for the doctors and hospital superintendent, for it saves them time and they are sure of securing nurses they know and deem efficient. From the nurses' standpoint, however, a central registry is better. It prevents favoritism, for the calls could be distributed to a much larger number of nurses, thus preventing the minority from getting the bulk of the work, while the majority have to shift for themselves. The management of such a registry should be in the hands of competent nurses possessing business ability, and preferably those having done private nursing, for they understand, as no one else can understand, the problems that are brought to the registrar for solution.

Nurses living in groups where a registry is maintained have many advantages over those living alone. They obtain more work and also enjoy the social life and educational advantages which are a part of the life in such centres. To all who are engaged in private work let me urge the importance of supporting your professional clubs and registries, rather than those operated by the laity for commercial purposes solely. Also avail yourselves of every opportunity offered you to broaden your education and help you to be more efficient members of this branch of nursing. If you do this you will become indispensable to your patients, who will recognize and reward your ability and you will at the same time greatly lessen your chances of being found in the ranks of the unemployed.

So much for present day affairs. What of the future? What can we do to advance educational standards for the nurses of tomorrow? Go to work; first, for a uniform course of training in all the schools for nurses in the country. Nurses trained under such a system would after graduation be qualified to care for all kinds of cases in all grades of society, no matter whether they trained in a hospital with a twenty patient capacity or one of 500, for the instructions received and the application of nursing methods would be the same. Second, work for stricter registration laws. All nurses agree that registration is a good

thing; many avail themselves of it, while others do not, claiming they can enjoy the benefits of it without the trouble or expense of taking the examinations necessary to obtain the degree. If the benefits of registration are to be enjoyed by all, so ought all to share the responsibilities necessary to obtain it and be compelled to register before they are allowed to enjoy the benefits which it confers.

In regard to non-graduate nurses, many people of ample means are employing them at a moderate salary and have them serve in the capacity of nurse-maid, seamstress and mother's helper at the same time. On the other hand many practical nurses wear the uniform and lay claim to rights and privileges that belong only to the registered women. This is an injustice to the public and to registered nurses alike and needs some form of registration to prevent it.

We would also recommend nurses for service on the training school committees of all hospitals. Nurses chosen to serve in such a capacity should be women having a thorough knowledge of private nursing, for they would know the difficulties that were to be met by the young graduate and they would be capable of giving practical advice on such matters as the selection of a home or registry. They should also act as mediator between the nurses and the hospital committee when questions arise affecting the welfare of either party. With the adoption of a uniform curriculum, the proper registration of graduates and non-graduate nurses, also the unnecessary and unpleasant features eliminated from nursing, young women from the higher grades of society would gladly avail themselves of the opportunities offered in nursing and would be seeking admission to the training schools. This type of woman would be invaluable to the hospitals for she would be capable of giving intelligent care to the physical needs of the patients and would minister to their mental, moral and spiritual needs as well. After graduation she would be a credit to herself and to her school and be respected and honored in the community in which she chose to practice.

If, in the future, we shall see these recommendations in effect, we shall then hear less about the failure of some of our members and more about the good work they are doing for the betterment of society in general.

Finally, take an interest in your own affairs. Work for the higher standard set before you, for in so doing you will hasten the coming of the time when the ideals you now hope for shall become a reality.

Miss DALBEY: I would like to know how you can establish a sliding scale?

Miss Ott replied that this was a subject better suited to the informal discussion of a round table. Miss Goodrich asked permission to speak on this topic as follows:

I should ask to say to you that one of the very strong points that we are able to make in struggling for our bill and asking that we be given a license as a profession was the fact that we could say that never in any of the American Nurses' Association meetings of which we could find record, has there been stated the actual amount that a nurse was to charge and that we could say it just as truly, as far as I know, as the American Medical Association could say it.

THE NURSE ON PRIVATE DUTY

By ELSA M. SPERRY, R.N.

Some one has said that all of the requirements necessary for the private duty nurse to possess could be summed up in one word—Tact. We will not take exception to this, only enlarge upon it somewhat. Tact is a comprehensive word, an almost indefinable word, taking within its meaning the greater number of personal qualities, e.g., nobility of temperament, adaptability to one's surroundings, sympathy for existing conditions, loyalty to those about you, silence on all subjects which may be objectionable, and truth in so far as it does no harm. And it includes intelligence in thought and conduct. All of these qualities being necessary possessions of the nurse, tact does cover the requirements.

However, should we wait only for such women, our problems would still be great, for the demand would so far exceed the supply. The best we can do is to make the selection of candidates for admission to our training schools as wisely as possible and trust to the training and supervision to do the rest. Make it possible for intelligent, refined women to enter this work; women whose standard of morality is high, whose home training has been gracious and broad, and we have the foundation for a nurse which will nearly eradicate our present problems. Then when the nurse leaves the hospital training school, filled with the theory and practice of her three years' work she will go out and apply intelligently, broadly, graciously, all she has learned. But then, as never before, will she realize that added to her training and her natural sympathy and love of the work, she needs individual thought and initiative. She has left the hospital with all its helps and she is alone. There will be questions and difficulties to meet which are new to her. These she must adjust by herself. If she has never used initiative, she must learn it now. Had not a few thinking women broken through the barrier of prejudice and proven that the nursing care of the sick belongs to the best the world affords; had these women feared public opinion and criticism, the care of our sick would still be in the hands of the left overs; of the women who have nothing to fear. The nurs-

ing care of the sick must be in the hands of women whose actions follow careful consideration, for the problems which they daily meet are not solved by formulae; they are not found in books but in suffering, crippled humanity. In ignorance, we err daily and we pay a big penalty.

Ignorance is not tolerated in the physician. It should not be forgiven in the nurse. While we are making a plea not alone for better educated women and more intelligent women, we are not for one moment losing sight of the greatest field of the work. The nurse wants to be the nurse! She wants to cool the brow and smooth the pillow. She wants to do the thousand little things which go for comfort and relief but she wants to do these things intelligently. She wants to be an intelligent helper to the doctor and his patient.

Dr. Osler tells us that nursing as a profession to be followed is modern; nursing as a practice originated in the dim past, when some mother among the cave dwellers cooled the forehead of her child with water from the brook. If then we are to make nursing a profession, we must nurse intelligently, otherwise it will become a trade. Let us beware of this! Let us not commercialize our profession. Let us not be overcome by our difficulties. Let us overcome them. We must read, study, think, not alone, always by ourselves, but coöperatively. Solve our problems and so be ready for new ones. Let us prove ourselves not alone automatons for carrying out the physicians' orders, for that is our first duty; but let us prove ourselves to be intelligent thinking automatons.

"Useful your lives must be, as you will care for those who cannot care for themselves and who need about them in their day of tribulation, gentle hands and loving hearts." Nothing could be more truly stated than this by Dr. Osler, for he has here the happiest combination. He did not say that nothing more was necessary than "gentle hands and tender hearts" for he says, "You will care for those who cannot care for themselves" which cannot be done without the power of adaptable thought. Intelligent thinking not only does not interfere with the possession of tender hearts and gentle hands, but it increases their value. It does not interfere with the taking and carrying out of the doctor's orders for it increases the ability to do so and it produces a greater sense of loyalty to the physician and his patient, as it increases the breadth of vision.

The trust which the doctor, the patient and the family put in the nurse must stimulate the growth of this individual thought. The more she can be trusted the more trust will be given her, and in the home this is more true than elsewhere, as her individual worth is more keenly felt there than in the protection of the hospital.

Parallel with this thought, this thought of increasing the nurse's ability and usefulness by urging her to become more intelligent, comes the question of the relation between the physician and herself. Dr. William Osler, again referred to, has said, "The trained nurse has become one of the greatest blessings of humanity, taking a place beside the physician and the priest and not inferior to either in her mission." Taking place beside the physician means working with him, loyally carrying out his orders, intelligently watching his patient, absolutely loyal to his confidences. Taking place beside the priest means having sympathy for human errors, and respecting the confidences of the patient.

Thomas Carlyle speaks of the "talent of silence." It surely is a talent and one which is more often buried than allowed to accumulate. The majority of physicians will mention this as the greatest most general lack among us. We talk too much! We think too little! Speech hath taken the place of thought! Unwittingly we make trouble where we should save it. The confidences of which we become the involuntary possessors should be kept as sacred as the confidences at the confessional. The consultations and confidences of the physician should be kept under lock and key.

Quoting from one of our greatest living physicians is this to his nurses: "Printed in your remembrance; written in head lines on your chatelaines, I would have these two maxims. 'I will keep my mouth as it were with a bridle,' and, 'if thou hast heard a word let it die with thee.'" This does not mean that we are not to talk. It does not even mean that professionally we may not discuss a case as a case, but it does mean that we should guard well our words that what we say cannot in any way make trouble. We have heard and reheard these things since nursing began but still we go on, talking too much, thinking too little. Bitter experience is our most forceful teacher and the lesson is too often a difficult one.

It is up to us to make good in this direction. We can if we will. All of our problems are our own, because we have not learned how best to handle them. Nursing, as we commonly accept the meaning of the word, is hardly more than fifty years old. We have met and settled many problems. We can settle our present ones. If we have trouble with the patient, find out, Why is it? Or with the family, why? Or with the physician? Let us answer these questions ourselves and not leave them to others to settle for us. An unused member soon loses its strength.

Does not all this call for intelligent thinking? Are we afraid to answer our own conundrums or are we not capable of doing so? Are

we afraid of criticism? Are we hemmed in by the past, afraid to think and speak for fear some one will talk, or think us queer, or too progressive? Let us get together and discuss and at least attempt to settle our troubles. Let us talk freely and fearlessly among ourselves, especially in our alumnae association.

One of our annoying problems is the question of rest. Right here is where our break-downs begin. The nurse must have her rest, but the question is how best to get it. The patient comes first, of course. If the family does not see to relieving the nurse, nor the doctor, she must do so herself. Conditions of course alter cases but rest is absolutely necessary. This does not mean that the moment she enters the house, which is full of trouble, she should immediately arrange for this rest. She should use her tact along with good common sense and all will be well. In the natural evolution of things, the time may come when the nurse will be able to give a certain number of hours each day, but the time for that does not seem ripe. Until then we can manage this matter if we will.

In this day and age of efficiency it is just as necessary for the nurse to take good care of herself as it is to take good care of the patient. A progressive periodical of today says, "Every sick employee cuts down your revenue. Most executives know that the success of their business depends upon the good health of their workers." To do good work, we must have good tools. We must keep the machine in good working order. No man will run a machine which he values night and day, nor will he run it when parts are out of order. He takes time for repairs. Can we say the same thing of our human machines? Do we keep them in repair? On all sides we see the consequence of this neglect, human machines worn out or broken down for lack of care: the over-wrought business man becoming a burden to his family, his usefulness gone, the run down exhausted nurse, contracting diseases which otherwise might be thrown off. Nature makes no excuse for carelessness or ignorance. The fire burns whether we know it or not and we suffer. The fact that we were ignorant does not relieve the pain. More than this, more than our own personal suffering, those about us must suffer also. We become a burden to some one, if not to many, and our usefulness is gone.

The nurse knows she has the frailties of other human beings and she must not be afraid to admit it. It is not because of cowardice or laziness that she says, "I must have rest." It is the wisest kind of forethought. If the care of her patient is too much for her, not because she is afraid of work, but because she knows she cannot do justice to her patient, it is her duty to see that she gets relief. "An exhausted

nurse is a dangerous person," a physician said. And another of our best men said only the other day, "The nurse should not be expected to work more than twelve hours. She must have her regular amount of sleep and when the condition of her patient warrants it she should have her hours of recreation."

This is what we must regulate ourselves. The feeling is too prevalent, not only among the laity but among nurses, that every moment of the twenty-four hours belongs to the patient. It does in so far as is necessary and reasonable but when patients say, "If I had known she was going to charge just the same price, I would have kept her busy at night," or if the family say, "Do you think we pay you to sleep?" then is it not our duty to tactfully inform these people that even we are entitled to certain considerations and rights?

Besides keeping herself in good condition, she should see to it that she is in good condition before she goes to a patient. No nurse has any right to go to a case tired out or sick. She is not fit to take care of the patient and if she breaks down some one will have to take care of her, thus taking two useful people out of the field, herself and her caretaker. Still another phase of this matter is the subtle influence which we all have. A nurse who does not take proper care of herself is surely in no position to advise others. A woman said today, "I do not want a nurse to take care of my child, who does not take care of herself." It is just another case of "Physician heal thyself." The public knows this much at any rate.

Just how far we have the right not to accept night calls depends upon conditions. A personal call from a physician should never be refused or questioned, unless because of illness or exhaustion, or unless the nurse does not care to work with that special physician. A call to a maternity or operative case or to a patient critically ill of course will never be refused. These are not the cases which cause the trouble, the out of town calls, the calls which come not personally but through the registry. Here again we can settle this matter, if we will. If it were generally understood among nurses that they would not be asked to go out at night unless it were necessary, there would be no trouble, no misunderstanding or if the person receiving these calls would make it a business to get definite information concerning these calls and find if possibly the nurse might not come in the morning, there would be no misunderstanding. It is the indefiniteness of it all that is so annoying.

There are so many unpleasant things connected with going into a strange town in the middle of the night and taking a twelve mile ride in the country, that we should not be asked to do so unless absolutely necessary. If the nurse had her own conveyance, or if she could feel

reasonably certain that she would not be annoyed by a strange driver, or feel sure that she would not be stranded at a cross road with no one to meet her, the out of town night calls would be relieved of some of their horrors. Yet even then, how much better, if possible, to allow her to come in the morning, when conditions are natural and she is rested and ready for work. A physician makes an extra charge for night calls. Why? Not because he wants the money but because the surest way of reasoning with people is through the pocketbook. He must have his rest and that is the simplest, most direct way of asking the public to consider him. We are not complaining of our lot. We are not wanting to be ranked with the physician. We are only wanting to make our profession a stronger, better organization for the relief and care of the sick; wanting to make of ourselves as nurses, stronger, better balanced, more tactful and more useful women.

In commenting on the paper, Miss Ott said,

Miss Sperry is a young nurse, she has taken post-graduate work and could enter public health work if she chose, but she has chosen private duty nursing because it appeals to her and she likes it; just the reason I like private duty nursing. I like to be in the families of other people. I do not have any home and I like to be in other people's homes. It is such a comfort sometimes and such a bond of misery sometimes. It has every side. You can take long hours of work, as hard as you choose; you can go to the conventions and hide and they can't find you. There are a number of things I like. I like the communities and the people. I suppose that is what appeals to a great many nurses.

YELLOW FEVER—HISTORY AND NURSING

By ETHEL DARRINGTON HARRISS, R.N.

To speak on the subject of yellow fever is like evoking from the abyss of oblivion a grim, ghastly and forbidding monster which, however, in the light of present-day science, is as unsubstantial and as harmless as the airy fancies of a dream. But it was not always an innocuous phantom. For generations the spectre of yellow fever stalked through the world, leaving in its wake countless victims. But now it is classed among preventable diseases and the fear of it lies dead and buried deep in the grave of other bygone "bugaboos," together with the ridiculous notions and queer superstitions regarding it, and the terrible demoralization of the justly fear-crazed people.

Yellow fever, or some disease possessing almost the identical symptoms, prevailed among the Greeks and their neighbors in ancient times. In the works attributed to Hippocrates mention is made of serious febrile disorders which often proved fatal on the

fourth day, and were attended with violent vomiting, sometimes of "black matters," yellowness of skin, and other symptoms similar to those observed in yellow fever.

The term "yellow fever" was first applied by Griffith Hughes in 1750 in his *Natural History of Barbadoes*. No other disease has been known by more different names, the synonyms numbering over 150.

The first recorded epidemic of this disease in the New World occurred on the island of San Domingo in December, 1493. The settlement of Ysabella, founded by Columbus, losing almost all of its 1500 inhabitants—Columbus himself being one of the few who survived. Ever since that time it has frequently been epidemic in the West Indies, South America and Mexico.

It first appeared in the United States in Boston in 1691, and in Philadelphia and Charleston it broke out in 1693. Dr. Chaille mentions the year 1791 as the first traditional date of yellow fever in New Orleans, but the first authentic record was in 1796. The city at that time had a population of 6000. The fever appeared thereafter at frequent intervals until the year 1905, when it was completely exterminated.

In ancient times all epidemics were ascribed to the anger of the gods and sacrifices, sometimes of human beings, were offered in propitiation. During more modern times the visitation of pestilences was attributed to the influence of certain planets, to earthquakes, volcanic eruptions, and the appearance of comets. Still later a belief prevailed that a sort of poisonous miasm generated and diffused by the patient in some unknown way caused the spread of the disease. This miasm was supposed to be highly infectious, contaminating everything within the walls of the sick room; woolen articles were thought to be specially liable to attract and retain the poison. Everything presumably infected was regarded as "fomites," capable of carrying the disease to another locality where conditions might be favorable to its development. So great was the terror of "fomites" that some localities quarantined "against the world."

Nor do we marvel at the panic and confusion that prevailed when no measure had ever controlled the situation, no amount of disinfection had ever helped, and when the entire truth is told, the only relief which came was when the frost of November appeared as a Heaven-sent Nemesis to stop the dreadful scourge.

And who would have imagined that the tiny, bussing, biting and annoying mosquito is the guilty vehicle of the yellow fever germ? Yet it has been proven beyond doubt, by most remarkable and painstaking experiments, that this insect is the sole cause of infection in

this disease. The result of this remarkable discovery brought about an immediate campaign of education throughout the United States, followed by the inauguration of methods of prevention and protection that have forever put an end to the dread of the disease. The knell of yellow fever was sounded in New Orleans at the end of the epidemic of 1905. In October of that year, long before the advent of frost, the fever was stamped out: an achievement which settled triumphantly the correctness of the mosquito theory.

The idea that the disease could be transmitted by the mosquito originated with Dr. Carlos Finlay in Havana in 1881. He began a series of experiments which resulted in the great discovery that has revolutionised the antiquated theories concerning the propagation of yellow fever. But it remained for the United States Fever Commission, in 1900, composed of Drs. Reed, Carroll, Agramonte and Lazear to prove conclusively the correctness of Dr. Finlay's discovery. While making these experiments Dr. Lazear fell a victim to the disease and his death sealed the truth of the mosquito transmission theory.

So far as is known the disease is conveyed by a single species—the *Stegomyia Calopus*. In its flight it is the weakest of all mosquitoes and consequently it stays very near the place where it is hatched. As its breeding places, water barrels and cisterns, are always near human habitations the stegomyia is naturally a house mosquito. It is a day feeder during the first four days of its life and thereafter feeds at any time, either day or night. Only the female is capable of carrying the disease. Because of the peculiar construction of its biting apparatus the male is unable to pierce the skin to obtain blood.

The transmissible poison exists in the blood of yellow fever patients only during the first four days of the illness. Therefore, in order to possess the power of carrying the disease, the mosquito must feed upon the blood of the patient during this period. After biting the patient an incubation period of twelve days or more must elapse before the mosquito has the power of transmitting the infection, but once it becomes a "carrier" it can convey the infection the balance of its life, which is about five months, providing it has access to water. The first symptoms of this disease usually manifest themselves from two to five days after the bite of an infected mosquito.

The destruction of the mosquito can be accomplished by pouring a small quantity of kerosene, once a week, on all standing water that is not screened and not removable by drainage, or otherwise. The female deposits her eggs on the surface of still water and the oil excludes the air by forming a coating, thus causing the death of the newly hatched "wigglers" by suffocation. This simple precaution is all that is necessary to prevent the breeding of these insects.

With the knowledge of the prophylaxis of yellow fever the graduate nurse becomes an efficient and important sanitary agent in preventing the spread of the disease in infected localities. The most malignant cases are harmless if proper care is taken against mosquitoes, and nowhere will be found one better fitted, or more willing, to take these precautions than the competent, conscientious nurse.

The traditional reputation for the skillful nursing of yellow fever had its origin in the old negro "Mammies" of our slave period and has remained an inheritance to the people of New Orleans from the days when the disease prevailed as an endemic. These women were taught in the old plantation homes of their masters by the Spanish and French physicians of that period. These "Mammies" reigned supreme in the sick room, their methods and authority being unquestioned. They were ignorant and illiterate but "natural born nurses" and the simplicity of their treatment, mainly castor oil and "teas," were a guarantee of their safety.

The picturesque old Mammy long since passed away and following her, in the epidemic of 1878, were a horde of untrained, so-called "volunteer" nurses, who, as a whole, were worse than no nurses at all.

In 1897 the people of New Orleans had the opportunity for the first time to have graduate nurses to care for their yellow fever patients and the result was revolutionary. The demand for her services became so great that the entire output of the four training schools of the city was insufficient to meet the needs of the community.

When called on a case of yellow fever the first duty of a nurse is to see that proper precautions are taken to prevent mosquitoes from biting the patient, and to imprison those that may have already become inoculated until they can be destroyed. A good mosquito net should be placed on the bed immediately, and kept over the patient night and day for the first four days of the illness. The room should be screened at once; cheese cloth or bobbinet tacked over the openings serves the purpose very well in the absence of regular wire netting. This must be done at once to prevent the admission of more mosquitoes into the room and to prevent the escape of any that may already have bitten the patient and become infected. Those imprisoned need cause no uneasiness for they can do no harm for twelve days and by that time either the patient will have been claimed by death or will be able to leave the room long enough for it to be fumigated. If another room is available it should first be screened and fumigated and the patient moved into it. By having the patient in an absolutely mosquito-free room the nursing may be done without the inconvenience and annoyance caused by a mosquito net. After getting settled in the new quar-

ters every effort should be made to destroy all the infected mosquitoes, and the patient's old room, the rest of the house and the adjoining houses should be thoroughly fumigated.

The chief features which distinguish yellow fever from other fevers are:

(1) A fever of from two to seven days' duration beginning with a sudden chill followed by a high temperature. In cases of a mild type this temperature lasts from two to four days and falls gradually and irregularly until normal is reached, when the patient is said to be in a state of calm. After this the temperature may remain normal or it may rise again—when it is called secondary fever.

(2) A steady fall of the pulse beginning during the period of invasion and gradually leading to a remarkable slowing of the heart beat.

(3) Albuminuria.

(4) Nausea and vomiting.

(5) Jaundice.

(6) A tendency to the stagnation of the circulation of the skin.

(7) Hemorrhage from the gums, nose and stomach (black vomit), bowels (tarry stools) and from other mucous surfaces.

(8) The face is decidedly flushed, the eyes unusually bright and glistening, the expression "anxious," and even on the first day the skin may show a slight tinge of yellow.

As a rule an attack of yellow fever, like measles and chicken pox, renders one immune for life.

As soon as possible after the onset of the chill it is the custom to give a hot mustard footbath together with hot drinks. This brings about a reaction from the chill and causes a profuse perspiration which helps the kidneys in their work of elimination. In yellow fever the pain in the head, back and limbs is very distressing; in no other disease except smallpox is there such severe aching, and by its revulsive effect the hot footbath greatly relieves these pains. This routine practice is a relic of old Creole days, the doctors of that time being under the impression that the disease could be moderated, or even aborted, by profuse sweating; and the old "Mammies" advocating it because they believed it "drove out the misery." The fact that the use of it has survived is a sufficient testimonial of its worth. Every nurse trained in the nursing of yellow fever in the south knows how to give this hot footbath "a la Creole."

A foot tub should be half filled with very warm water to which has been added a pound of ground mustard. The tub is placed in the bed and the patient's feet immersed therein. The patient and the tub are then covered with several blankets, the latter being lifted slightly

every few minutes to allow more hot water to be added to the bath, and the brisk rubbing of the legs up to the knees with the hot mustard water. The water must be kept very hot, almost to the point of intolerance. In this way the patient is given a vapor bath which causes a free diaphoresis. In the meantime hot drinks are given freely, hot lemonade or, as is the rule in the French Quarter, hot orange leaf tea. The feet are kept in the water for ten or fifteen minutes after which the tub is removed and the blankets tucked in snugly. After the patient perspires profusely a cleansing bath and vigorous alcohol rub are given. When the linen is changed a hot water bag must be placed at the patient's feet and a warm dry blanket put over him to prevent his getting chilled.

Cleansing baths must be given very frequently, as it is of utmost importance that the pores be kept open so that the skin can help the kidneys to do their work.

The mouth and gums must also receive especial care and be kept in as healthy a condition as possible in order to lessen the danger of hemorrhage from the gums.

The room must be kept well ventilated for in yellow fever, as in all infectious diseases, plenty of air is necessary for recovery. While in other diseases ventilation is a simple matter, in yellow fever nursing, especially among the poor, it is a problem. On a warm day with a malodorous patient, and with cheese cloth tacked over all the doors and windows, and no electric fan, the nurse will find it no easy task to keep the room from feeling "stuffy."

In the beginning of the disease the physician prescribes a purgative; some give one of the salines, some still cling to castor oil, while others prefer calomel in small doses. In the epidemic of 1897 a popular mode of administering calomel was known as the "Holt Sandwich," named for Dr. Joseph Holt who originated the idea. The "sandwich" is prepared by covering the bottom of a spoon with a layer of very finely crushed ice, the calomel is placed on this and then covered with another layer of crushed ice. In this way the calomel is packed between two layers of ice and the patient swallows it without knowing that it is medicine. This method of giving medicine is especially good where there is great gastric irritability. After the first thorough emptying of the bowels purgatives are never given any more, but enemas are ordered when necessary.

The fever in this disease runs only a few days but while it lasts, it usually runs very high and should be reduced sufficiently to diminish the tissue waste and make the patient comfortable. Sponging has been found to be the best method of reducing the temperature, but

because of the capillary stasis and the readiness with which the patient collapses, sponging with ice water is not advisable. The bath should be begun with warm water and cooler water added until the water is cool but not cold. At frequent intervals, while sponging, friction to the skin will help to prevent cyanosis. Cold enemas are often given to reduce the fever, the temperature of the water to be regulated by the degree of temperature to be combatted, the hotter the patient the colder the water, but never ice water. An ice cap to the head and an ice pillow to the back of the neck give comfort while the fever is high.

The pulse in yellow fever is the greatest characteristic of the disease. In the period of invasion and during the first and, perhaps, the second day of the fever, the pulse is fairly rapid but even then does not correspond to the rate found in other diseases with an equal temperature, seldom going over 100 to 110, no matter how high the temperature goes. This lack of correlation is most noticeable when, after the second day, the temperature continues to rise and the pulse becomes slower and slower, often dropping to as low as 40, or even 30 beats per minute. As the rate lessens, the pulse becomes weaker, softer and more or less irregular. When all the other symptoms have disappeared and the patient is well in every other way, it will be found that the pulse is still very slow, and it will remain below normal for an indefinite period.

It is necessary that the patient be put to bed as soon as the first symptoms appear and not be allowed to get up at all during the course of the illness. The nurse must be very strict on this point because the heart in yellow fever undergoes certain muscle changes and, if over-exertion is allowed, acute dilatation may follow. The patient should not be permitted to get up too early after recovery; never until a week has elapsed from the termination of the secondary fever.

One of the most dreaded peculiarities of yellow fever is the early involvement of the kidneys. Albumin is always present either sooner or later during the course of the disease, varying in quantity from a trace to 80 per cent moist, and it may last from a day or two to several weeks. Suppression is not infrequent and, as far as is possible, must be watched for and guarded against. The cry of the system is for water, which is needed from the very beginning to dilute the toxins of the blood and, above all, to flush out the kidneys which are clogged up so early in the struggle. As long as the stomach is tolerant, vichy and water should be given freely. To induce the patient to take it more readily the water may be flavored with fruit juices. The urine must be carefully measured and recorded and should the quantity fall be-

low 20 ounces in twenty-four hours, diuretic enemas are to be given every few hours, according to the tolerance of the bowel.

The nurse should know how to test for albumin as this knowledge will render her of more help to the doctor, especially in time of epidemic when the physician is overwhelmed with work, worry and responsibility.

Jaundice is never absent in yellow fever. In mild cases it may be slight, but yet it is present. The yellowness increases during the second, third and fourth day and then disappears rather rapidly, leaving, usually, no traces by the end of convalescence. The intensity of the jaundice is not of itself a symptom of grave import, especially if it is not accompanied by a marked hemorrhagic tendency; but the early appearance of this symptom, for instance on the second day, indicates a fatal termination.

Hemorrhages from any or all the mucous membranes are likely to occur at any time after the second day, but hemorrhage from the gums and nosebleed are the forms most frequently seen. Black vomit is next in frequency and, because of its seriousness, the nurse must try to prevent its occurrence by keeping the stomach as quiet as possible.

Should the patient begin to vomit, all liquids by mouth must be stopped and only cracked ice in small quantities be given. A mustard plaster over the stomach may give relief, as might also an ice bladder to the throat. Should the vomiting persist every means to stop it should be tried, as frequent vomiting is almost sure to lead to hemorrhage, which will be first shown by the presence of minute black and brown specks floating on the surface. These specks increase in size and number and the fluid becomes darker and thicker until we have the characteristic black vomit. Should hemorrhage occur, the nurse should conceal it from the patient as much as she can, as the knowledge of it will cause him grave apprehension. The family will become alarmed and the nurse will have to allay their fears by telling them that, while serious, it is not necessarily a fatal symptom.

Yellow fever is a disease in which the patient must not be fed. Failure to carry out this injunction results in very serious, if not fatal, consequences. When signs of prostration are noticed, stimulants, and especially champagne, are given, but no food of any kind is given by mouth during the febrile period, or as long as the nausea persists. During this time the patient's strength is kept up with stimulating, nutrient enemas.

When the fever has subsided and all nausea disappears, the physician will order nourishment by mouth, to be begun in very small quantities. This must be given slowly and cautiously and the immediate

consequences closely watched. Usually, the first thing given is a tablespoonful of milk on crushed ice, if this is comfortably retained it is repeated after a short interval, and later chicken broth and barley water may be added to the dietary. Liquid nourishment is continued until convalescence is well begun when soft diet may be given. Even when convalescence is fully established the diet should be carefully controlled, and if albumin is still present the patient must be dieted as in nephritis.

When it ends in recovery, the duration of the disease in the majority of cases is seven days. The return to health is rapid; in the second week the patient clamors for food and resents being forced to remain quiet. In severe cases recovery may be delayed by prostration, anaemia, impaired digestion, neuritis or even paralysis of the extremities.

The fatal cases usually terminate on the sixth day. The jaundice deepens until the skin is the color of saffron; hemorrhages occur, mainly from the stomach and bowels; there may be suppression followed by convulsions; the pulse may be as low as 30 beats per minute and poor in character. On the approach of death the temperature may rise as high as 106 or 107. After death it may rise for hours, sometimes reaching 112 or 114—a fact noted in but few other diseases.

In these virulent cases when, in spite of the hard and earnest work of the doctor and the nurse, death claims the patient, the nurse must not lay down her arms, but after caring for the dead and comforting the living, she must continue her fight by aiding the sanitary authorities in destroying the mosquitoes which may be left in the sick room, thus ridding the premises of the only agents by which the health and safety of the living can be imperiled.

The dread of yellow fever has forever gone, we have the means of prevention and protection; therefore let yellow fever sleep the eternal sleep that knows no waking. And let us not think of the suffering and the sorrow that it caused for so many centuries before its death warrant was signed, but rather let us say with Brome, the old English poet:

> Our plague and our plaguers have both fled away
> To nourish our griefs would be folly
> So let's leave off our labors and now let's go play
> For this is our time to be jolly.

References

Dr. Rudolph Matas, *Nursing in Yellow Fever.*
Dr. Juan Guiteras, Article in Wood's *Handbook of the Medical Sciences.*
George Augustin, *History of Yellow Fever.*

At the close of Mrs. Harriss' paper, nominations for officers for the Section on Private Duty Nursing were asked for and the following were nominated and elected: Miss Ott of Indiana, Miss Van de Vrede of Georgia, Miss Golding of New York, Miss Sly of Michigan, Miss Daspit of New Orleans.

The session closed with a final appeal from Miss Ott:

I give a good deal of my time to nursing work and that is one of the things I want the nurses to do. Do a little side work. You can do a great deal for old people and young people, sometimes, if you will. You can do a lot of good to people, if you will.

SUNDAY AFTERNOON SESSION, APRIL 30, 1916

The Sunday afternoon session, a mass meeting held in the Atheneum, was an inspiring one with earnest addresses and most beautiful music—vocal solos and duets, the piano and the harp—a contribution from the New Orleans people to their guests. Miss Riddle presided, being asked to do so by Miss Goodrich as one whose reasonable point of view and quiet counsel were always sought by her associates. "We have always felt that her sound judgment and love of humanity made her decisions valuable ones."

The opening prayer was offered by Rev. John D. Lamothe.

Miss Riddle introduced Father John D. Ffoulkes as a representative of the church which had done so much for many of the hospitals and charitable institutions of New Orleans.

After giving an outline of the founding of the first hospitals on the continent of North America, Father Ffoulkes proceeded to say, in part:

ADDRESS BY FATHER JOHN D. FFOULKES

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Trained nurses should be practical Christians; religion should be part and parcel of their lives; prayer and virtue should be their guardian angels. Whoever knows human nature must believe that superhuman motives are required for the adequate fulfillment of a nurse's calling or vocation. No one comes in closer contact with human beings in their worst moods, strange whims and irrational fancies. . . . . Without religion what is such a woman? A cold, formal, unsympathetic functionary, an automaton, mechanically fingering watch, thermometer and chart, a nickel-in-the-slot machine doling out prescriptions and doses, a chambermaid employed to keep germs from bed and bed-

ding, a waitress salaried to dispense in measured quantities sterilized kitchen preparations, a nemesis at some critical crisis, ready to end suffering with some death-laden hypodermic and to send a soul to heaven or to hell. But look at the nurse whose principles are religious! What dynamic power in every fibre of her being! What personality in her every look and touch and movement! Faith, Hope and Charity are her constant companions; she is patient, with the proverbial patience of Job, meek as the gentle lamb, sweet as the honey-filled bee, methodical as the busy ant, beautiful to tired eyes as the multicolored butterfly, thoughtful as the good Samaritan, forgiving to fever-racked patient as the Master of Golgotha's crest. Such a nurse is always a true woman, chaste as the snow flake or ocean's immaculate foam, tender as the Virgin Mother at Bethlehem's Crib or Calvary's Cross. When some half starved woman comes from squalid tenement and unwraps the rags of her infant, a bundle of ulcers and rheum and pustules, the Christian nurse hears the divine words: "Suffer little children to come unto Me, for theirs is the Kingdom of Heaven!" When she must bend over some prodigal son of the slums, she hears the Father in heaven cry out: "Rejoice and be glad, my son that was lost is found."

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Dr. John Barr of the Presbyterian Hospital was the next speaker, delivering an earnest appeal for the development of the highest qualities of the nurse.

ADDRESS BY DR. JOHN BARR

An age-old and continuous conflict goes on between physical pain, physical weakness, and our humanity. These enemies are deadly because they hurt happiness; . . . . These enemies are deadly because they hurt efficiency. The presence of pain, the coming of weakness, lower the ability to attain what might be had, and no matter how triumphant some have been over pain, no matter how marvelously some have conquered weakness, the fact remains that were these not present such lives might have counted for almost infinitely more.

These enemies are deadly because they destroy physical life and cut off the connection between that which is temporal and the body. To overcome these enemies is therefore a high and holy task, and all the more holy because we find in this overcoming the will of our God. Is it not significant that the Nazarene, when here on earth, who went about doing good, spent a very large time, an immensely large propor-

tion of his efforts, in the healing of the sick? Take out that ministry from the ministry of our Lord and you create a vacancy of immeasurable proportions. . . . .

It is peculiarly required of the ideal nurse that she have character. Nowhere does character count for more than beside the pain-racked, beside the broken. How often does it happen that one who is miserable himself, who is unhappy, who is out of sorts, who lacks personality, makes chaos, where one coming fully trained and with that mysterious something that we call personality, because back of it lies beautiful character and high ideals, brings peace and restoration and comfort.

The true nurse has faith, the faith that prompts her to give her best. . . . .

Then He requires faith because through the exercise of faith there is accomplished what the blind sometimes calls in his blindness the impossible. There is a connection between the human and the divine, in the exercise of this holy function which lets the power of God down, and through it His wonders are wrought, and the ministry that is yours is thereby the ministry not only of reconciliation but a ministry of power.

Mr. Charles A. Hounshell of the Student Volunteer Movement made a strong appeal for nurses who would go to foreign lands.

ADDRESS BY CHARLES A. HOUNSHELL

We sit here from many states and many parts of the world, feeling that great universal bond of sympathy, human pain and human suffering, that binds all the world together.

I wish I could talk as Father Ffoulkes and Doctor Barr of this city have talked, of magnificent hospitals filled with splendid trained nurses, but I cannot. I am talking to you about the human need that is very deep and very real, in cities where there is no hospital and where there are no trained nurses. I want to speak of the high ministry of the nurses in lands that I have been familiar with and where my life has partially been cast.

Far away in an Asiatic city, with sickness in our home, we longed for the tender touch of a nurse but there was none. We longed for a physician's hand but there was none. Miles and miles away was the nearest hospital and the nearest physician. The physician and the nurse have come to that city now, after the pleading of the people of

that city. They have plead for years before those tender hands and those skillful workmen came. When I landed in the city of Seoul, Korea, a chief official of the city came to me and said, "What I want is a physician and a trained nurse and a hospital. When can you have us a physician here and a nurse and a hospital?" I said, "I don't know I wish I could do that tomorrow morning, but I don't know when we can." Bye and bye there was a splendid woman in America, like unto thousands that you know personally, who gave five thousand dollars for that city, and then, after several years of training, a physician came and then Miss Gilberta Harris, of St. Louis, came as the trained nurse; they were the first in that great section of the world. Ministering to human beings in physical pain and physical suffering? Why, certainly, they are. . . . .

Some one told me that there are 70,000 registered nurses in America. Isn't that a splendid movement, rising up to meet the world's needs, with at least fifteen million in Korea that are beyond the reach of a trained nurse? With all that we have done in China, at least four hundred million are beyond the reach of a trained nurse. They never have had and never will have the tender touch of skilled hands in times of sickness unless some of us go speedily into those unoccupied fields. Think of India; think of Africa; all those vast multitudes of human beings suffering and dying, with none to minister to them in their hours of need. . . . .

After speaking of the need of nurses to teach sanitation and to prevent the great epidemics that sweep away so many useful lives, Mr. Hounshell continued,

Once again, the trained nurses are now beginning to teach the young women of these lands to meet their own needs. I had the great joy of being present when, in a certain hospital where there is a school for nurses, there was graduated a little group of women and the caps were put on their heads and they were sent out for this ministry.

That is the only way in which we shall ever be able to meet the vast need. A few of you, I hope, will go into those needy lands, but you can never reach the multitude, they are so many. The only way to reach them is by establishing schools for nursing in connection with the hospitals and by sending out the thousands of young women who will take the training to be just as efficient as you are, and that will speedily come to pass.

You are doubtless familiar with the Rockefeller Foundation movement, that they are now establishing first-class, up-to-date medical

colleges in China. They have already established one in Pekin, they intend to establish others in other places of great need and great opportunity. They are going to have work there that is second to none in the world. In my judgment, this opens one of the greatest opportunities that the world has ever offered. I hope that some of the best trained nurses of North America and all other parts of the world will go into this work and help in the training of nurses. . . . .

The session closed with the Mizpah blessing recited by those present.

MONDAY MORNING SESSION, MAY 1, 1916

GENERAL SUBJECT: DIRECTORIES

Before taking up the subject of the morning, a short business session was held, the secretary read a letter of greeting from Miss Dock. The delegates present asked to have a telegram sent to her in response to this. The secretary also read a telegram of good wishes from the Oregon State Association which could not send a delegate this year.

MISS GOODRICH: As the members know, last year it was voted to establish a memorial to Isabel McIsaac. This question has been laid aside while we tried to bring to a conclusion the Robb Memorial Fund. It seems to the directors that perhaps now we might temporarily not consider further, the Robb Memorial Fund, except as individuals wish to, and that we should take up very definitely this question of a memorial to Miss McIsaac. Perhaps Miss Delano, who was so close a friend of Miss McIsaac, will speak to us concerning this question.

MISS DELANO suggested giving the name of Isabel McIsaac to the Relief Fund, feeling unwilling to go before the nurses too much for the contribution of funds and feeling that they have been most generous in their contributions, first for the JOURNAL purchase, then for the Robb Memorial and the Relief Funds.

We might dignify the Relief Fund and make it perhaps more easy for people who needed the benefit of this fund to accept this benefit. I know, thinking of myself, that if it were necessary for me to go to my sister nurses for help I would be more ready to receive it if it came to me in an indefinite way, if the check came to me signed "McIsaac Fund," without the idea of its being so much a relief fund. And it seemed to me appropriate because of Miss McIsaac's sympathy, her interest with any one in distress. I know how any one who went to her with her troubles always found sympathy and interested affection. I think possibly no woman in the United States ever gave so much of herself to nurses as Miss McIsaac.

Now, whether it would be a proper use of this fund or not, I cannot say and I am not willing even to make this as a recommendation, because I should be sorry to recommend anything that might not meet with the unanimous approval of the nurses. I think we should have a memorial to Miss McIsaac, I think that meets with approval; but whether we should utilise the fund already in existence or not is not for me to suggest. I only bring this thought to you and leave it for your consideration.

Miss Golding: I feel we would lose absolutely the identity of the Relief Fund for which so many of us have worked so hard. This morning I went over the original proposition, signed by Miss McIsaac, that this be called the Permanent Relief Fund. Miss McIsaac was on the committee which first made that proposition to start with the Relief Fund, and I, as a member of the original Relief Fund Committee, think, with all due respect to what Miss McIsaac has done for the profession and for the nurses and with a heartfelt affection for her, that it would be a great mistake to change the name of this fund. I want to go on record as wishing to continue the name of the Nurses' Relief Fund.

Miss Goodrich explained that the directors did not wish to propose anything which did not meet with the approval of the members and that they were perplexed in discussing the question, but that, nine being present, seven voted in favor of making the recommendation.

That was the feeling, just as Miss Delano, I think, has expressed it, that to call it the McIsaac Fund would make it a finer kind of relief. I am interested to find that Miss McIsaac was on that original committee. I presume that if you ever went over, as we have gone over, the records of the American Nurses' Association and the League, you would be surprised to find that on almost every original committee for any educational purpose or any purpose concerning the interests of the nurses, Miss McIsaac's name did appear.

Mrs. Stephen: I think that Miss McIsaac's interest in this fund is a very strong argument in favor of so closely identifying her name with the future success of the fund.

Miss Goodrich: We want a very general discussion of this. We must have this matter exactly as the members really want it, a large majority of the members.

Miss O'Connor: I think the fund should stay in the name in which it is now and by which it is known by all over the country.

It was decided to give the delegates a longer time to think the matter over and to bring it up later for discussion.

Miss Goodrich explained that as the chairman of the Committee on Central Directories, Miss McKinley, was not present, she would ask Miss Currie, a member of the committee to preside. Miss Currie read a letter of greeting from Miss McKinley.

THE HOURLY NURSE AND HER PLACE

By ALMA R. WRIGLEY

The reasons for presenting this report on Hourly Nursing are two in number. The first and strongest is to bring before the nurses the possibility of supplying a very vital need and a long overlooked one in any community, that is, skilled care for the sick of moderate means, and at the same time of allowing the nurse to provide for herself a real home while she is carrying on the profession for which she has trained herself. The second reason is to show the value to the nurses of this branch of our work, and the danger it is in of being absorbed into organization work, which will destroy its greatest value to the individual. It is not my purpose personally to fight this idea but to present it as a danger, so that the hourly nurses may themselves help decide the place they are to make or take in this organized work of ours.

So far as I can see, hourly nursing is the only way in which the nurse can provide a real home for herself. Working for an organization provides a certain relief from responsibility, and while interest is keen it has its charm for many, but at best it pays a salary for the average nurse of from $65 to $80 per month. This will enable the nurse to provide room, board and clothing for one, but with no prospect of increasing the income, it amounts to little more than existing as time goes on.

Hospital positions pay better on the whole, but can the wildest flight of imagination ever create a home out of the living accommodations of the nurse in a hospital? No matter what the salary is, can the nurse save enough to retire on and support a home before she is too old and feeble to enjoy it?

And yet there are thousands of women today, sighing for just such a home as the man earning moderate wages provides for his family. For many years I lived in a nurses' club house, and in my ears are yet ringing the sighs and groans of discontent. My own made up the chorus and at last drove me out to a far country in desperation to find a new way of living. In one year I did find it, in hourly nursing and its accompaniment, sick room supplies. This work has enabled me to provide a real home, modest, it is true, but very comfortable and my own. To do this has required no great skill nor ability beyond the average, no capital to start with and no friends to help, for I arrived, a stranger in a strange town, with just $6.50 over my traveling expenses, which sounds very improvident but was the result of unforeseen circumstances.

Up to the present time, there seems to have been no place for the hourly nurse. Many times, indeed, there has been a sentiment among the nurses that her work was "commercial," a sentiment unreasoning, but as hard to fight against as a fog. The time has come when, if she deserves a place, she must make it for herself, protect it and make others have respect for it.

At this meeting, the American Nurses' Association, through the help of Miss Goodrich and the directors, has given us an opportunity to do this; let us make the most of it. Let us show that we are a factor in the community, a unit, if kept as such, that can fill a long felt need. Let us have relation to public health work the same as the private duty nurse has to the hospital when she "specials" there. Can you imagine the storm of protest there would be if any hospital or organization should engage a corps of nurses and send them out on private duty? If this were allowed, what chance would the private duty nurses have in that town? Why is there any difference in the hospitals, registries and visiting nurse organizations doing the same with hourly nursing? What chance does the one nurse, struggling to create a practice, have against a popular organization in any city? Why is it not the duty of that organization to affiliate with the hourly nurses instead of absorbing them? This is the time to think about this and decide how you want to stand.

To get an idea of how large a factor we are in the American Nurses' Association, at the suggestion of Miss Goodrich, every state president was written to in December, asking them to send the names of all members of the American Nurses' Association who were practicing hourly nursing in that state. Fifty-six letters were sent, and to the everlasting credit of these busy women, fifty-two answers came back to me by the end of February. I am glad to take this opportunity to express to them my deepest gratitude and respect.

These fifty-two letters brought me the names of 108 hourly nurses.

These nurses were appealed to for information regarding their work and the following list of questions was sent for them to answer:

1. Are you going to be able to attend the convention in New Orleans?
2. Will you write a brief sketch of your work; why you took it up; how you like it; its value to the community; its value to yourself; how long you have been engaged in it; its advantages over other lines of work for the nurse; its disadvantages by comparison to same.
3. As it is done by you in your locality, has it any possibility of larger scope in the future? What is the attitude of the nurses and doctors toward hourly nursing?
4. How do you receive your calls, personally or through an organization?

Do you find it necessary to combine any other work with it to add to the income? If so, what?

5. Does the income from this average up fairly with private duty nursing or a $900 per year hospital position?

The proportion of replies received was much smaller than from the state presidents, for there were only thirty-five answers from hourly nurses.

These letters have brought me an embarrassment of riches, and it is with regret that I realize that space allows only for one or two. Through them all, however, runs such a delightful human note which shows that the type of women who are taking up this line of work are nurses who are following the profession for true love of humanity and desire to serve.

In speaking of its advantages to the nurse, "the opportunity for making a home" is usually the first mentioned.

In comparing the income from it with a hospital position paying $900 a year, there were five who declared that it was much better, and one other who thought it was equally as good. The majority did not answer this question, and a few said it did not compare favorably, but the home life, nights of sleep and time out-of-doors more than made up the equivalent.

The four who were making the best financial returns from it were combining other things with it.

One gave massage and medical gymnastics.

The second makes a specialty of infant feeding, is police matron, has a doctors' telephone exchange, a nurses' central registry and a women's social service bureau which supplies anything to any woman who wants it, meeting trains and caring for new arrivals upon request, doing shopping, supplying a cook, nursemaid, tutor, etc.

The third does sterilizing, teaches First Aid classes, gives massage as well as hourly nursing, The fourth has on her telephone wire all the traffic will bear. She has a large house and rents enough of it in housekeeping apartments to nurses doing private duty to cover the house rent, has a doctor's telephone exchange, sick room supplies for sale or rent, and the Metropolitan Life Insurance nursing in connection with the hourly nursing. All these things relate to one another and fit in very nicely.

Number five said that she easily averaged $100 a month from hourly nursing and combined nothing with it.

It seems strange that so few have thought of adding any of these things to the hourly nursing, especially the sterilization and sick room supplies, because the hourly nurse is in constant need of them.

The following two letters may be of interest. They carry the sentiment of most of the others:

Nearly three years ago I decided to start a home for myself, and I took up hourly nursing and massage. I had selected a suite in the students' neighborhood and during the musical season I rent four rooms to students. I have a young relative who was willing to assist with the housekeeping. Ever since beginning this work I have been registered at ———, a nursing home, but the calls there are mostly given to the nurses who live in the house, outsiders receiving only the calls not filled. I have also been registered at the Nurses' Central Directory, as I am interested in its success from a business standpoint. The latter has not paid, as they seldom have a call for an hourly nurse. My calls have been principally personal, but although I know many doctors and surgeons, they do not appear to use an hourly nurse very much.

I have made a reasonably good income, averaging about $20 per week, but it has been mostly from massage and that is not steady.

Personally I like hourly nursing, and going in to one patient for an hour or two and making him comfortable physically and trying to give him a change of mentality reacts on the nurse herself, and she cannot help feeling that she is lessening the pain of the world in some degree. I go to the next patient with a kind of uplift which the patient in turn receives, and so the good work goes on.

If I could be assured of all the hourly nursing I could do, I should prefer it to any other work. I have asked some of the nurses who live at the nursing home if they have made a success of hourly work, and they have assured me that they barely covered expenses, so I am inclined to think that this conservative old city has not yet given the hourly nurses the opportunity they need to make their work a success financially.

The second letter is as follows:

I had been doing general nursing for over a year but was very much dissatisfied because it kept me so much away from home and my mother was not well and needed me. At that time I had never heard of hourly nursing, but knew there was a demand for that class of work, as I so often had calls from doctors asking me to spend an hour with a patient and give a certain treatment, or a bath, possibly a rub, which was very hard to find time for when doing general nursing.

I discussed the prospect of doing such work entirely at a meeting of our local Association, in October, 1913. The nurses were all most enthusiastic, saying there was a great demand for hourly nurses, and all promised to help make a success of my undertaking. One of the nurses suggested that I should pay visits in the morning and be ready for relief work in the afternoon, as so many people were unable to afford two nurses on a case and yet were not willing to have the patient left alone. This I have done, and when needed am ready to give from 1 to 7 p.m. or 12 to 6 p.m. Some nurses prefer to go off only for four hours, but I have made the price the same always, $2 per afternoon, and never try to do any other work after 12 noon. I am then ready and in good shape for the afternoon work. If I relieve in hospitals I always arrange to have my meals at home, so that the patient has only $2 to pay. I feel that to be a fair charge, as general duty nurses receive $3.60 a day and the patient must pay $1 a day for the nurse's meals.

I like the work very much. There is variety, also some time out of doors in the morning. I always have the night to myself, and usually evenings after 7 p.m. Work is never too hard when one can sleep at night.

Yes, it is of value to the community, as so many people need the services of a nurse for an hour or two in the morning, and do not need other attention during the day. It is much easier for most people to pay $1 for a morning visit of an hour (I always give extra time if not more than half an hour), than to pay $25 a week when the patient is not ill.

I also find there are many old ladies who like a bath once or twice a week, and often a rub before going to bed.

The value to myself is better health, more independence and some home life.

Have been doing this work for two years now and find this advantage: more time to myself, less responsibility and therefore, less nervous strain.

The disadvantages: no regular income, hard to leave town, as I am always supposed to be on call.

Yes, there is a possibility of larger scope in the future, but people are slow to grasp new ideas. The work seems to grow more through the influence of patients than doctors. Nurses are anxious and willing to help, but few care to take up this class of work and there is no assurance that calls will come. Doctors, as a rule, are pleased with the idea, but only a few call on me regularly. The majority do not seem to realise or remember just what hourly nursing means.

My calls are received at my home, not through the Registry, as I find this more convenient.

Have not found it necessary to combine other work except a little office work, which really comes under the head of hourly nursing, as I assist two doctors on certain afternoons, they have not enough female patients to need the constant services of an office nurse, so each has an afternoon of all women patients, and they are seen only on these afternoons.

No, my income is never more than $700 per year, but am most anxious to keep on with the work and make a success of hourly nursing, as I am sure there is a need, and in time there will be a great demand for hourly nursing.

My charges are: Day visits, $1, night visits, after 9 p.m., $2, obstetrical cases, $5 (during and two hours after delivery), afternoon relief work, six hours, $2.

There were several very interesting letters from visiting nurse associations, which were sending the staff out for pay calls. The following extract from one will perhaps bring out the second reason for writing this paper.

The ——— association bases its charges upon actual expense, 75 cents per visit, and this organised plan is in no way a money-making scheme, but self-supporting. The nurses, who are the regular visiting nurses of the staff, are paid a salary which averages about $82 per month, given a month's vacation at full salary, equipment furnished in the way of a professional bag, aprons, including laundry, transportation, etc. The paid hourly visits are made all in the day's work, the same nurse going from paid case to free case as they happen to come without distinction. Thus far we have not been called upon to care for the people for whom two hourly nurses had already cared, these people being our

more aristocratic residents, who prefer paying more so as to have a nurse at a stated time and the same nurse. While we hope eventually to include in this one association all the hourly nursing done in ———, there is at present this work done for these special families.

Does this sound like justice to these two hourly nurses and the practice they have worked so hard to gain?

From another state comes this letter from a nurse who is combining massage and hydrotherapy with hourly nursing:

I receive my calls personally. At present it would be impossible for any nurse in this city to earn any kind of a living on hourly nursing alone, because the Visiting Nurse Association has been in the habit of sending its nurses to people of moderate means and also to well-to-do people. You know, many well-to-do people do not seem to feel ashamed to call in a visiting nurse, and by so doing get work done for 25 cents to 50 cents when they should pay $1. They say: "Well I help support the Visiting Nurse Association, and I think I am entitled to its help when I need it." The hourly nurse cannot live on 25 cents a call. And the hospitals here have been sending their pupils out on night duty in private families, therefore when hourly nursing is yet in its infancy the supply sources are not from the right places yet.

Another letter from a nurse working for an association:

This association pays $75 a month. The past year the association has granted the nurse one-third of the balance for the month over that amount. This gives her from $5 to $20 extra during the winter when the work is heaviest. This work was started eighteen years ago and at the end of the first year was self-supporting.

Its advantages to the nurse are swallowed up in the benefit to the public.

One of the disadvantages is being on call all the time and another is the comparatively small salary, which the recent change has partly relieved.

In one city there is a nurse who gets all her calls through the public health organization. They call her for all pay cases, or if the public health nurse by mistake goes where the people can pay, the organization charges a fee for her services, then turns the money and the case over to the hourly nurse. She, in return, will help them out with their charity cases when the public health workers have too much to do.

In another city the Associated Charity calls on the hourly nurse when extra help is needed, she makes half-charges and sends the bill to the organization every month.

Since there are many people who do not wish to be charity patients and are more than willing to pay higher charges to obtain the services of a special nurse, although the nurse may not be needed for more than hourly work, there is a distinct field for the hourly nurse as distinguished from the nurse working under the orders of a visiting nurse

organization. Moreover, since her greatest value lies in this very difference, her absorption into a visiting nurse organization naturally destroys that value. The average patient of this class does not care for a nurse who may have come from any kind of a case, and greatly prefers to have the hourly nurse, whose work, as a rule, is not with what the patient is apt to regard as "un-nice" cases. Hourly nurses have written me to the effect that they have met patients who object to the visiting nurse because they feel that she may just have come from some patient in the slums, and they do not wish a person who has so recently been in contact with conditions there to come in and care for them.

Many times, also, patients wish for a nurse at times to suit their convenience, perhaps at hours inconvenient for the visiting nurse who makes her calls all in the day's work. For these the hourly nurse is the logical solution, and, again, if she is to be absorbed into the organization and lose her identity the patient suffers.

This is all from the point of view of the patient. From the standpoint of the hourly nurse herself, the need of distinction is even more evident. Infant industries are protected by tariffs, laws are formulated to protect individual establishments in the business world against the competition of organizations. Surely the hourly nurse, carrying on an individual enterprise, is entitled at least to the protection of being allowed her own separate existence.

Many nurses prefer to choose their work to the extent which hourly nursing permits and which work under a visiting nurse organization prevents, as the cases come "all in the day's run." A nurse, for example, who has specialized in some particular line, for instance, in care of extremely nervous patients, care of children, mental disorders or any other line, may direct her hourly work into these channels as opportunity offers and build up a practice with its own reputation.

As for the opportunity, individual work in hourly nursing offers to build up other lines of enterprise, that is self-evident and illustrated by the hourly nurses who have established work in sick room supplies, sterilizing, massage and other special lines.

There is no reason why hourly nurses and visiting nurses associations should not exist comfortably and profitably side by side if the proper relation is maintained. It has been done, as several of the letters I received from hourly nurses bear witness. And that it may be done more and more, with continued and increasing success is the result to be hoped for from this meeting.

In the discussion which followed the paper several nurses told of their experience in hourly work. Miss Rockhill combines massage

with it and conducts a nurses' home and a nurses' registry. Since the visiting nurse society has taken up hourly nursing, she has also added office work.

MISS LENT: For many years in Baltimore one of the alumnae associations has been carrying on hourly work. It was not able to meet the need. When the central directory started in the state, it sent nurses out. Those at the bottom of the list were asked to take hourly work. Recently there have been an enormous number of calls for hourly work that were not met, so the visiting nurses agreed to take cases for hourly nursing during the day in their several districts at the rate of 50 cents an hour. That does not in any way compete with the hourly work done by other organizations or nurses. We have on an average sent to the central directory and directory of hourly nurses at least five cases a week besides those we are taking care of, showing the tremendous demand for hourly work. We feel that is due to the number of apartments and women living in rooms and that we can help to meet it, and that rightly part of it belongs to the visiting nurses' association. We are not charging as much as the other hourly nurses, and if we by chance get into a case where they can pay more, we agree to transfer it to the other hourly work.

RESPONSIBILITY OF A SUCCESSFUL PRIVATE DUTY NURSE TO A REGISTRY

BY BERTHA LOVE

The registry was primarily established for the benefit of the private duty nurse, and it has given her many advantages; but regardless of this, she evades the responsibility of making the representative registry in her city the success it might be. To get the best results from any enterprise we must put our best into it.

Nurses should be loyal and support the registrar who, at best, has a wearisome time of it. A nurse should feel when she registers for duty that she must accept the call when it comes, unless registered against such cases. It is not easy to go out just before a convention or when an engagement has to be broken, but a nurse has a responsibility to the public as well as to the registry and, if registered, a successful nurse is in duty bound to respond when the call comes.

Quoting from Editorial Comments in the February AMERICAN JOURNAL OF NURSING:

A good many of our registries were embarrassed during the past winter in not being able to supply the needs of the sick for nursing care. During the holiday season many nurses withdrew their names from the directory, instead of remaining on call, as they should, to meet such demands as may arise for their professional service. There is a healthy season when work for nurses is slack. It would seem reasonable that the successful private duty nurse should take her vacation at this time and be at her post again when the heavy season opens.

The successful private duty nurse is in a position to advertise the far-reaching influence of the registry by explaining the ready assistance it can render at any hour in case of emergency, etc.; and when leaving a case, by giving to both patient and physician her registry number instead of a personal card.

She should be prompt to respond to calls. First impressions are lasting and the nurse who responds to a call quickly, gives the physician and patient a comfortable security.

Notifying the registrar promptly when on a case or out of the reach of the telephone will save much of the registrar's time and patience and make her tedious work easier.

A large number of nurses resign membership after they become satisfactorily established through their registry, forgetting that by so doing, just that much power for helpfulness is lost. This is a great mistake, for by retaining their membership, they not only do their duty but render moral and financial support, which is a great aid in making their registry a success. The nurse of long experience gives prestige to the registry and is an encouragement to the younger graduate.

While the registry is of mutual benefit to the physician and the nurse, it is the nurse who receives the larger share of the benefit. Physicians of our cities have learned that with a reliable registry they may obtain the highest degree of efficiency in nursing care for thier patients. They universally endorse the work of a good registry. Therefore, it only remains for the nurse to loyally stand by its head, always ready to respond to calls to insure its success.

Miss O'Connor: I think if all registrars could have nurses like that, they would not have any trouble, but nurses when they have social calls a great many times do not even remove their name from the directory, or when they want to take a vacation, and the registrar has the trouble of telling the doctor that she will furnish that special nurse, and when she calls for her, she does not respond. If they do not want to respond they should take their names off the list. As to responding promptly, many nurses take three or four hours to respond to a call. That nurse is not called very often and it is her own fault. No nurse should take more than half an hour to get to a patient unless it is very far. If she is registered, she should be ready to respond, and none except those who handle directories know how much trouble the registrar and the doctor have with that kind of nurse.

Miss Lent: I would like to ask any of the other central directories whether they have different classes or grades of nurses, whether they have just registered nurses or do they have graduate nurses that are not registered, or do they have undergraduates and attendants and male nurses? Do they have all the schools of the city or state registered under one directory? Is there any such place in the United States?

Miss Pfister reported that the central directory in New Orleans had the support of two of the hospitals and that it admitted only registered nurses. Miss Rieger reported that in Cleveland the directory registers only graduate nurses but that it has just started a new registry, under a separate registrar, for attendants. Miss O'Connor reported for Louisville that they registered and graded practical nurses and that they also registered male nurses. Miss Rockhill asked whether it would not be better for all central directories to register and control the practical nurses or attendants. One of the delegates reported for the Chicago central directory that practical nurses were registered and that when one was sent to a case, the amount she was to charge was fixed and that both she and the patient understood this. Miss Lent asked what the difference was in the registration fee for nurses or attendants and was told that in Chicago the price of registration for nurses is $10; for attendants, $7. Miss Russell reported that attendants would no longer be registered at the central directory in New York because of difficulties in regard to laws regarding employment bureaus.

Miss Pfister: I think it would be much better, instead of registering nurses on our directory, for graduate nurses to do hourly nursing when they are not on their cases, so that we can bring the best of what is to be had to the poor man, because he does not happen to have enough money to pay for expert services all the time. It seems to me he ought to be able to get the best to be had and yet not be at too much expense. And it seems also to me that since we are supposed to be ready when we are registered, we should be able to carry on the educational part of our work. Practical nurses may not have a knowledge regarding sanitation and prophylaxis and things of that kind that we have, and since our work is largely educational, it seems to me that hourly nursing would be the development in the future, rather than registering the practical nurses.

Miss Ahrens: I agree with what the last speaker said regarding the kind of service when a man cannot afford to pay full price. He should have the very best, but we all know that there is a place for this practical nurse. We know there are cases where the care she gives is all the care that is needed. I have no doubt that there are women in this room that have had this experience in their practice, and I can speak from experience, having had such a woman in my home for a good many months, years, practically, when I did not need a graduate nurse. I would rather have that woman come to me from a central directory, where someone knows something about her, where she is being helped and also being guided. We found her, because we did not then have our central directory, through advertisements in the newspapers.

Miss Guthrie: I agree with that thoroughly, I think we have all happened on cases where the patient is very, very ill and they needed a graduate nurse, later they reached a time when they did not need us, but they would not let us go because they had no one to take our place. If we could have these women

registered with our directory as attendants, we should known where to go and what standard they have. We can say to these patients, 'We can get you a nurse that can do everything that is to be done and we can recommend her."

Miss Gillespie spoke of the competition of colored practical nurses.

MRS. COHEN: I think it would be a great injustice to a great number of people if we did not try to bring out practical nurses into the open. There are many factory towns, especially in the south, where there are not very many wealthy people and where a practical nurse can take care of the sick and children, get them into school and all that, things that you cannot ask the trained nurse to do, if she does hourly nursing.

MISS VAN DER VREDE: I think one of the greatest advantages in registering undergraduates and caretakers is that it brings those practical nurses into association with what the real nurses are, with what good equipment is, and if we can get their coöperation rather than make them feel that we antagonize them in our work, we have solved a wonderful problem for the future, because any practical nurse who catches the spirit of what real training in care for the sick is, will no longer advocate practical nurses to any one else. It will be her aim to suggest that every woman who tries to take care of the sick should have the best equipment possible.

MISS PFISTER: I think it is really a pity that this form of nursing, going to people who need you badly, should be left so completely to the practical nurse. We nurses ought to combine with our private duty nursing this other type of work, which reaches so many more people, those who are less likely to know the things that we have been taught.

Miss Currie called attention to another topic for discussion: How can we discipline nurses when we have only verbal complaints? The concensus of opinion was that a small group of women might talk with the nurses who are unsuccessful, point out their faults and help them to overcome them.

After further discussion in which the same points were emphasized, the meeting adjourned.

MONDAY AFTERNOON SESSION, MAY 1, 1916

SUBJECT: THE MENTAL HYGIENE MOVEMENT AND THE TRAINING OF NURSES FOR MENTAL WORK

GENERAL SESSION UNDER THE AUSPICES OF THE LEAGUE

Miss Noyes, president of the League explained that she had asked Miss Goodrich to preside as she was much interested in the subject and her work had brought her into close touch with its problems.

MISS GOODRICH: I certainly am deeply interested in the subject that is before us, I noticed in going over the reports of the Transactions of the Third International Council of Nurses, that a paper was presented there by a nurse

engaged in mental nursing in Scotland. That was many years ago, the third Congress, which met very shortly after our organization came into existence. The paper was called The Care of the Insane in Insane Asylums, or something of that sort—a word that is now scarcely used, the word "asylum," when we are talking about mental diseases, but I was interested to find in this paper a plea for the general preparation of the mental nurse, or the general nurse with mental preparation.

Some years ago, somewhere between 1907 and 1910, in a meeting of the International Congress in London—you will perhaps recall that you sent me as your delegate—I carried a paper of one of our men who has been prominent in the work, Doctor Russell, who was then Inspector of the Mental Hospitals in New York State, in which he plead for a wider preparation of nurses here for the mental cases. This paper was presented at a meeting presided over by the most prominent specialist in London, and a paper there was presented by a nurse from Scotland concerning the care of mental cases in men by women nurses. While this Doctor Jones did not approve of the care of men by women nurses, he sent for one of the nurses conversant with that system to try it in some of the hospitals.

Not long ago I read a quotation from Doctor Jones in the *British Journal of Nursing*, in which he said that possibly the only mind that was truly abnormal was the normal mind. If that is the case, we at once appreciate that there are a great many variations of mental conditions, and I think we also must appreciate the change in physicians' views concerning mental cases in the past few years, that we are beginning to see these various differences. A few years ago, certainly within the recollection of nearly everyone in the room, when we heard of a case of tuberculosis, we felt that case was a hopeless one. Today, we can look into the faces of a good many of these patients with every intensity of hope and say, "If you do thus and so, it is quite possible that you will not only be helped but permanently cured." So today, I think the alienists and neurologists would say that we are beginning to look into the faces of those who have mental troubles and say, "If you do thus and so, you will be permanently cured." We can also do more than that; we can start the children so that we shall not have to look into their faces and say, "You will be permanently cured," we can get them before they reach that stage of their development, so that they will not need a cure.

Consequently, I ask your most earnest attention and your most sympathetic interest in this great problem, because it seems to me it is a crying need. Not very long ago, a nurse who had been exceedingly capable in her profession, broke down mentally and had to go for a few months to an institution for mental diseases. On leaving it, she wrote me, and while expressing her keen appreciation of the kind and intelligent care she had received, and in every way speaking most highly of the insitution, wrote in effect, That the woman with a general training, and the kind of woman that we get in the general school is greatly needed in those institutions; that, indeed ,the care of mental cases would never be what it should until they come there. She closed with these words, which make me feel more intensely than I had before: "I am sure that if you had appreciated this, you never would have done so little about it."

Miss Goodrich then introduced Effie J. Taylor of Baltimore who read a paper on The Value of Mental Training to the General Hospital Nurse.

(Note.—Miss Taylor's paper will appear in the League proceedings.)

At the close of Miss Taylor's paper, questions were asked about existing affiliations between general and mental hospitals. Miss Greener of Mt. Sinai, New York, reported an affiliation with the Bloomingdale Hospital by which a limited number of pupils are given a three months' training in mental work.

I would like to say that the nurses are very enthusiastic about it. Those who take the course appreciate it greatly and come home with such glowing accounts of the work and its benefits that all of the nurses are quite desirous of taking it. I wish it were possible to give the course to all those who desire it, but so far we have only been able to make it elective and give it to a certain number in each class who, we feel, are especially fitted for the work.

Miss White of Milwaukee, Wisconsin, reported similar interest in a four months' course in mental work in her hospital. Miss Lawler of the Johns Hopkins, Baltimore, stated that all her students have two months training in the psychopathic ward and that in only one instance did a nurse fail to take hold well and to like it. Miss Logan reported from the Cincinnati General two months' training in the psychopathic wards and some one present reported for Miss Parsons of the Massachusetts General the success of her affiliation with the McLean Hospital.

Miss Taylor: I have found that the nurse who has had general hospital training first, does better work in the psychiatric clinic than the nurse who comes directly from a mental hospital, having entered it as such. The nurses who take training in general hospitals first, get a point of view of an insane patient in a very different way from those who enter the mental hospitals first. The patients are up, as most patients are in a mental hospital, but really sick; and for a nurse to enter and get that point of view first is not nearly as satisfactory as to have the nurse get a training in general work and realise that the patients in the hospital are sick to begin with.

THE PROBLEMS AND POSSIBILITIES IN STATE HOSPITAL TRAINING SCHOOLS

By IDA J. ANSTEAD, R.N.

The problems of efficiently training nurses in the average State Hospital for the insane, are many and varied. The opportunities for betterment, indeed, for the highest order of development is ours if we but look about us. Too often I think it is our habit, though perhaps unconsciously, to ape the general hospitals, when we have within our very walls abundance of the richest clinical and teaching materials, which are available only in hospitals of this character, and the exploitation of which is our privilege as well as our duty.

In attacking the problems, let us begin by drawing a mental picture of the State Hospital organization, with an average daily number of 2000 patients, divided into groups of about 400 each, at distances in some cases of half a mile. These groups are sub-divided and classified according to the service, whether acute, chronic, infirm or tubercular. In the acute, we have medical and surgical wards, admitting departments, wards for acutely disturbed and noisy patients, for suicidal and depressed cases, and for the convalescent. In the chronic infirm wards, crippled and paralyzed patients are sometimes bed cases for as many as ten years. The necessity for good nursing needs no emphasis here, while chronic cases, not infirm, require constant attention and epileptics, Dementia praecox, especially the paranoid type, are the best developers of patience and tact that I know. The tubercular service is for the treatment of mental cases suffering from tuberculosis.

Many of our difficulties originate from over-crowding, due to deficient provision for the rapidly increasing admissions. In New York state this overcrowding is approximately 25 per cent in the wards and even greater in quarters occupied by nurses and employees. This situation renders it difficult to maintain the proper separation of nurses and attendants, and complicates the administration of the school in many ways.

It is idle to say, as stated in a recent number of the JOURNAL OF NURSING, that getting a sufficient number of well qualified pupils is merely a matter of providing proper equipment and instruction. If this were true, fewer advertisements of well-known metropolitan training schools would appear in country newspapers. If the general hospitals situated in the large cities experience difficulties in this respect, what might we expect of hospitals for the insane, many of which are in the country or in the small towns? The truth of the matter is that large State Hospitals make necessary the employment of a large number of men and women of indifferent education and uncertain future, among whom the nurses and pupil nurses are only a leaven in a very large lump. A problem unknown to the general hospital, is the necessity of employing married couples. The wife may be a head nurse, the husband an attendant, or otherwise employed, and vice versa. The plan is anything but gratifying and one, I am happy to say, we are fast getting away from. We consider it almost ideal if we can have three or more nurses on a ward assisted by a sufficient number of attendants. There are in the hospital with which I am connected, about 300 men and woman engaged in the actual care of the patients, while many more are indirectly employed. From this number we select our train-

ing school pupils and the average State Hospital presents a very wide variety of types. In New York state it is the custom to form new classes each September, requiring those candidates not having high school work to pass an entrance examination. Usually the number of enthusiastic applicants is large, in some hospitals I am told, as many as fifty enter the junior class. If they are disciplined or find the studies too arduous or the wearing of the nurses' uniform not such a fascination after all, many are quite content to drop back into the attendant stage. They see very readily the advantages which the nurses receive but lack ambition or the ability to acquire them. This, I believe, is one of our greatest mistakes. Would it not seem better for all concerned to begin with a class of ten carefully chosen earnest women, give them the best possible instruction, keep them on our best teaching wards, round out their training by some good affiliated work and, when graduated, place them in charge of our important teaching wards where they in turn may prepare to train the incoming class?

When we hear of State Hospital pupils spending six months in the diet kitchen, nine months on a chronic ward, or the entire period of training on wards which care for the physically ill only, being deprived of the wealth of experience the acute excited wards give and in which their most important experience should be received, we may feel pretty certain a similar state of affairs would exist with a class of fifty had they remained. While we have great numbers of patients, we are not equipped to properly train such large classes, for the reason that we have not enough teaching wards, nor wards headed and managed by graduate nurses, under whom pupils may properly be instructed. Our methods of class instruction may be the best, but we cannot hope for good results without an opportunity to observe and practice nor without efficient supervision and follow up work.

Many times, indeed all too frequently, the superintendent of nurses or the principal of the training school, and the training school itself, are considered quite a secondary part of the system, something to be tolerated, coming after other departments in the hospital administration have received consideration. In some hospitals the physicians assign the nurses to their duties and the pupils are never changed without the physicians' consent. Consequently, when a pupil is doing satisfactory work for the doctor her entire experience is usually obtained on that ward. A superintendent of nurses can hardly be expected to achieve good results without the coöperation of the superintendent and the medical staff. It is a recognisable fact that the successful training school is a necessary adjunct to the successful hospital.

To the question, Are we not hampered because of state control? I

think not. If requests are legitimate, they are generally permitted or allowed. However, if the superintendent to whom these requests come, is not in sympathy with the training school he will hardly think the plan of furnishing wards, surgeries or diet kitchens with proper teaching equipment, thereby increasing the cost of maintenance per capita, a very feasible one.

Discipline is a large factor in any hospital, and in the State Hospital where the various departments are so divided, the superintendent of nurses not provided with competent aides finds discipline not easily managed. The uniform is one of the first items to attract attention and it would seem that the superintendent of nurses is much to blame for this lack of uniformity in dress. The wearing of rings and other personal adornment, exaggerated coiffures and gum chewing may be mentioned, while in some hospitals nurses go about their duties minus a cap or a collar and think little of taking their meals with sleeves rolled up. The small hospital is like unto a family; while in larger ones it is society with which we must deal.

Too much housework is expected of the nurses; the general hospital nurse I fear would never do it. A plan is yet to be devised whereby the attendants of the wards will do the rough work as maids; at present there is too little distinction in this regard, which I think has a deteriorating effect upon discipline generally.

The hours of duty seem very long but the work is not strenuous and not of the nerve-wrecking variety so many nurses outside believe it to be. This is evinced by the fact that very many men and women remain actively engaged in mental hospitals for periods of 20 years and more. The popular idea that workers in these hospitals grow queer may be true; but we believe these individuals, if any, would have become eccentric in any other capacity. The attitude taken by student nurses in State Hospitals to the allowance or wages paid is contrary to good discipline, one quite different from that of the general hospital nurse. The education given should be the principal attraction, but the State Hospital system does not help to instill this, rather to the contrary. The pupil is placed, temporarily, in charge of a ward or transferred from the female to the male service; her salary is at once increased. She does not consider it a compliment by being selected for this more responsible work, but should the increased pay not be forthcoming, requests a return to her old work, thereby losing an opportunity to develop and broaden her executive experience. Affiliation has already changed this attitude in a degree and I believe when general hospital nurses affiliate with State Hospitals an entirely different viewpoint will be realized for the State Hospital nurse.

To the junior nurse at least the care of the physical case is certainly more attractive. Mental cases require a good deal of insight and study before they hold the pupil's fascination as do accidents and the clang of the ambulance bell. In a measure the reason for this is, too little emphasis is laid upon the mental case in the mental hospitals. To the young nurse there seems often times little reason for the patient's being in the hospital, she is up and about, eating well, apparently enjoying life, no chart is kept for her, and no visible treatment given. This naturally is not her conception of nursing, and can we blame her? When a fracture occurs on our wards a clinic is held while the physician explains the symptoms, signs and treatment, but of the mental case little is told her, she makes her own observations be they right or wrong, she never sees a history and consequently is unfamiliar with the condition of the patient.

We are a special hospital and so classed by the Department of Education. Are we giving our student nurses the knowledge they require regarding the patients they spend years learning about? A case of typhoid is reviewed so thoroughly, both in theory and practice, that our nurses are equipped to nurse a case with the best in the land. But I take it the physician who wishes to secure an obstetrical nurse will apply at the best maternity hospital, just as the physician or hospital looking for a well equipped psychiatric nurse will turn to the mental hospital for help.

Are we, then, making preparations to supply this ever-increasing demand? According to Miss Katherine Tucker's report in the December JOURNAL, we are not. Or are we deceiving ourselves and the young woman whose professional career is being charged to our account?

The question of the advisability of admitting attendants to our training school has received considerable discussion, and many good points are to be made pro and con. The State Hospital law in New York State requires that each person be employed as an attendant, the young woman wishing to enter the training school is employed in May, the junior class forms September 1. She does the work of an attendant until that date when she enters the school as a probationer. In this hospital the average attendant is not of the housemaid type, but on quite an equal footing with the nurse as regards education and culture, so that were we to draw a line on the attendants entering the training school we would, under the present arragement, be seriously handicapped. In many respects the attendants in the State Hospitals are like probationers in the general hospital. A regular course of three months' practical and theoretical instruction is given each

and every attendant employed, whether with a view to entering the training school or not. Frequently we find young women with the equivalent education entering the junior class after a year's experience as an attendant who make poor students and cannot be retained.

In attempting to write this paper my idea was not to be boastful, rather to generalize along problematic lines regarding the State Hospital training schools; but since reading Miss Tucker's report a spirit of loyalty to the State Hospitals which have made advancement possible under similar conditions, impels me to enumerate a few of the difficulties which have been overcome in this hospital and to offer encouragement to those struggling. In the first place, the entire nursing force is under the direction of the principal of the training school. This includes supervisors, graduate nurses, pupil nurses and nursing attendants, assignments to duty, interchange of pupils, and discipline. In this hospital a graduate registered nurse is in charge of each group of which I spoke at the beginning. She is provided with an assistant, a graduate nurse, who is in charge of a ward, but in the absence of the supervisor is available for relief. Secondly, all applicants to the training school are considered by the principal. They are retained or dimissed at her discretion; resignations, vacations, requests, etc., are arranged for in like manner. The course of training is three years, including a probationary period of three months before the nurses' uniform is donned, or the candidate considered a member of the training school. We have a nine months' affiliation with Bellevue Hospital, New York City, which provides for experience in medical, surgical, obstetrical and child nursing. This affiliation is so arranged as to benefit the home school for a period of six months before the pupil graduates.

The nurses' quarters are not ideal. However, they are separated from employees as much as possible, and we anticipate within a year having a model nurses' home, entirely for the use of nurses. Separate dining rooms are maintained and the service of food is a just cause for thanksgiving. The hours of duty are not from thirteen to fifteen hours but average ten hours daily, which we consider much too long. All wards to which pupil nurses are sent for training and experience are headed and managed by graduate or senior pupil nurses who are permanently assigned to the ward. A head nurses' class is held each week for the discussion of problems relative to teaching and training pupils, suggestions of all kinds are encouraged for the improvement of the nursing service and concrete cases of infringement of discipline are discussed at length, with a view to preventing possible future cases. By instructing head nurses who are really teachers in these departments, uniform methods of carrying out the various treatments, medications, charting,

indeed all nursing measures, prevent great confusion, where pupils go from one ward to another for instruction. In this way one learns of many conditions not otherwise thought of.

Play, we consider equally as essential as work; every effort is made to provide entertainment in the way of healthy amusements. Class functions are encouraged during the winter, while a visit to this hospital during the summer season would speak for itself.

Affiliated, elective or post graduate courses would, I believe, do much toward raising the nursing standards in State Hospitals were the State Hospitals ready to reciprocate by offering a well planned course in mental training. This is already recognised as a desideratum by both physicians and nurses, for the obvious reason that there is no hard and fast line between the mental and physical even in health, and how much less in sickness. Every typhoid delirium or hysterical phobia is a mental case and the ability to read aright the confused utterances of a patient may often make the difference between success and failure. The time when general hospital graduates will voluntarily seek the special training that can only be given in a hospital for mental disorders is not far distant. Until recently surgery occupied the center of interest in medical science and nursing, but during the past ten years the advance has nowhere been so rapid as in mental diseases. Mental hygiene societies are multiplying in every part of the country. Mental clinics are being established with medical schools and dispensaries; thoughtful men and women everywhere are concerning themselves with the various aspects of the subject as never before. The nurse will have an important part in the campaign and must be ready.

The State Hospitals are neglecting an important duty in that they are not providing the facilities for this reciprocal training. What they lack in preparation for this change, which will soon be demanded of them, will be provided by the legislature when the weight of public opinion is brought to bear and the need emphasized. Surely here is an opportunity for the nurses' associations throughout the country to exert their influence.

Our problems are many, but I know they are surmountable. The future is pregnant with possibilities great enough to brighten many discouraging aspects.

Two other papers followed: The Mental Hygiene Movement, by Elnora Thomson, Chicago, and State Laws and Commitment Procedures by Adelaide M. Walsh, Chicago. (These will be published with the proceedings of the League.)

MONDAY AFTERNOON BUSINESS SESSION, APRIL 28, 1916, 5 P.M.

Miss Goodrich introduced the question of holding biennial instead of annual meetings, stating that the idea was that even if adopted, the measure could not go into effect until 1918, as the terms of the directors would have to be changed. She stated that the boards of directors of the three national organizations had voted in favor of it. Miss Dozier asked the reason for the change and the explanation was the heavy expense of holding conventions annually, the opportunity needed by the Public Health Organization to hold its meetings occasionally with some of the philanthropic organizations, and the desire of the League to develop its state leagues on the alternate years. The American Nurses' Association, also, could develop its state work on alternate years, or section meetings could be held in different parts of the country if desired. Miss Davids moved that conventions shall be held biennially and after amendment to include the date, 1918, as the time for making the change, the motion, was adopted.

The question of the new membership clause was next discussed very fully, all points of view being represented. It was explained that even though the clause were adopted, the states would be given plenty of time for readjustment to meet the requirements of the national. The clause as read was:

The membership in this association shall consist of the members in good standing in the State Associations belonging to the American Nurses' Association; such members of the State Associations being graduates of training schools connected with general hospitals having a daily average of twenty patients or over and a continuous training in the hospital of not less than two years. This training must include practical experience in caring for men, women and children, together with theoretical and practical instruction in medical, surgical, obstetrical and children's nursing. In those states where nurse practice laws have been secured, registration shall be an additional qualification.

Miss Ahrens explained how Illinois had been divided into district associations, according to the location of nursing centers, so that members of a district might easily attend meetings.

It has brought together nurses from all over the state, which I think is the thing we want to do in all of our states, not to take one station but to reach those who are more isolated. I think each state would have to consider this plan, as to how many districts and how they wish to organize. The Board of Directors of our State Association is made up of the presidents and secretaries of these districts and chairmen of the standing committees. This makes it possible for the officers from each of these districts to have a voice in the conduct of the state organization.

Miss Dozier suggested waiting another year before voting on the new form of membership, allowing the states to educate the counties in the matter, and the counties the alumnae. Others agreed with her, thinking their home associations might not approve of its adoption before the details had been discussed more fully. Many approved of the plan personally but did not feel at liberty to vote for their associations, even though they were sure of their approval eventually.

MISS FRANCIS: It seems to me that we all, by this time, know the reason for this reorganisation so far as the American Nurses' Association is concerned. The adjustment of this reorganization, so far as the alumnae associations and the county and district associations or the state associations is concerned, can be settled only by the American Nurses' Association, no matter how long it is discussed; so what would be the use of postponing it another year?

Miss White reported that in various sections of Wisconsin, plans for district organization were being held in abeyance until this matter was decided; they approved the plan and were ready to meet its requirements.

Miss O'Connor said she had been working to inform the Kentucky associations since the meeting in New York in January but that she believed the associations generally would not adopt the change until forced to. "So I think if we decide the question at once it would be better for everybody concerned and the states can take care of their own affairs."

Miss Van de Vrede asked how long the present method of membership had been found unsatisfactory. The question was referred to Miss Riddle, as familiar with the Association's affairs from the beginning.

MISS RIDDLE: I believe I might say always. But today the thing we should all understand is that if we fail to vote for this this year, we are retarding the progress of the association, continuing in rather illegal ways.

MISS VAN DE VREDE: I asked that question because it was just the answer that I wanted. A thing that has proven always unsatisfactory cannot be changed too soon, and while the present form may not be the form that we think is ideal, it can certainly not be more unsatisfactory than something that has been found always unsatisfactory. I think if we take hold in that spirit whatever action may be taken at this meeting, there will be no misunderstanding that the delegates did not do the right thing.

MISS GARDNER: We have been appointed to come here to decide important matters, consequently I cannot see why we should go away without deciding an important matter of this kind, even if the delegates come back next year and do it all over again and do it themselves.

The question of financing the delegates under the new plan was again brought up and was discussed along the same lines as before, the conclusion being that it was a matter of internal arrangement and that undoubtedly the alumnae associations would help pay the expenses of their delegates as they have always done.

Miss Gillespie: Louisiana came here prepared to oppose this bill, but we have listened to the discussions and we realize the change eventually has to come, and that through the arrangement of the states each alumnae association may in the future, as it has done in the past, defray the expenses of its delegate; we see no reason whatsoever for deferring the passing of the motion.

On motion of Miss Paterson, the district form of membership was approved by a good majority.

Miss Goodrich: I want to congratulate the association on this. I think it is the finest thing that has been done, and I know if we all go back fired with the desire to make our associations see the wisdom of this step, that delegates will come next year and congratulate us on what we have done this year.

The question of the daily average of patients in a hospital was next considered. Miss Goodrich explained that the clause first read an average of thirty, but that so many associations would be excluded by that number, it was changed to twenty. Some delegates felt that the requirement should be as high as that established by the Red Cross, others that no standard was being set by the national if the average were made so low. Miss Gardner suggested that as many schools would be cut out by even the twenty patient average, it might be considered a matter to be better regulated by the state laws than by the national organization. Miss Eldredge suggested that the average number of patients be determined by the state board of the state from which the applicant comes. Miss Hilliard suggested that the average set by a state association was often higher than that set by a state board and would form a better standard. Miss Bryant asked what was at present the standard of the Association on this point. Miss Goodrich replied that there had never been any regulation as to the size of the hospital from which applicants graduated. She thought if the last suggestions were adopted we should be upholding the hands of those states that have high requirements, should be stimulating others to improve theirs but would exclude none on the mere question of size. Those whose states would be excluded by even a twenty-bed average were asked to rise and a number responded.

The motion was finally carried with the last suggestion included, that the state nurses' associations should determine the hospital capacity.

The question of requiring registration of all new members admitted was discussed to some extent but was not acted upon.

MONDAY EVENING SESSION, MAY 1, 1916

SUBJECT: RED CROSS WORK

Jane A. Delano, chairman of the National Committee on Red Cross Nursing Service, opened the meeting with a review of the Red Cross activities during the year, and also an account of the origin and progress of Red Cross work, beginning with the Mississippi floods during the Taft administration in 1909, up to the present time.

HOW A SOUTH CAROLINA COMMUNITY PROVIDES FOR SANITARY INSPECTION

By SARAH M. F. BABB, R.N.

Having received an appointment from the American Red Cross Town and County Nursing Service, it was my good fortune to be sent to Greenville South Carolina, in response to a call from the Children's Charity Circle, a local club of twenty young matrons devoted especially to the welfare of children and the inauguration of a broad and general health campaign.

After several days' study of local conditions, plans were formulated for our proposed work. It was wisely determined by becoming a part of, loyally supporting and working with the City Health Department, most effective work could be done, especially as the work upon which we had entered was largely public health education. The chief health officer entered cordially into the proposed plan and I was appointed sanitary inspector and nurse for the City Board of Health, the City Council making an appropriation to the Children's Charity Circle which is affiliated with the American Red Cross and is directly responsible for the salary of the nurse.

It is significant and beautiful, but characteristic of the awakening of the women of the south, that a club of only twenty women, solely a social club, idly chatting over tea cups on the broad piazzas of luxurious and elegant homes, with all the charm and vivacity and fascinating manners that have come to them by right of heritage from a long line of beautiful and gracious southern mothers, aristocrats from their profoundest consciousness to the tips of their dainty boots, should have heard the call of the poor and have set about trying to relieve their suffering and throwing themselves with earnest ardor

and devotion into a work the broadness of whose scope they did not at that time faintly conceive. Equally significant of the times was the response of the men who govern Greenville, sharing with them the responsibility, learning conditions as they existed and setting themselves to remedy them, doing all in their power to forestall the evils that threatened.

The humanitarian standard of any people can be fairly estimated by the care given the indigent and dependent classes; certainly never in any town has there been such an awakening of the public conscience, never any town more united in its charities, all charity organizations working together with the most perfect harmony. The Charity Aid devoted to outdoor relief, the Children's Charity Circle, with its Junior Branch, the Anti-Tuberculosis League, the Salvation Army, the Greenville Woman's Club, though separate and distinct in organization, yet coöperated with and supplemented the Chamber of Commerce, the Board of Health, and the City Council to form one complete harmonious body, working for the common good. The interdependence and close relationship is made peculiarly and strikingly evident and is really strengthened by the reports which the nurse is called upon to make monthly to the American Red Cross, to the local committees of the Children's Charity Circle, the City Council, through the Board of Health, frequently to the Charity Aid, to the officer of the Salvation Army, who is their investigator, and to the Anti-Tuberculosis League, familiarizing each distinct organization and the city authorities with conditions and how they are being met, largely eliminating waste and making practically impossible overlapping or duplication of effort.

The nursing problem was met by briefly outlining the work of the nurse to include: (a) the prevention of infant mortality; (b) tuberculosis, (c) sanitary inspection of washerwomen.

The work of prevention of infant mortality is the usual infant welfare work being done by boards of health in all our larger cities, comprising the supervision of babies from birth until one year old. The mother is instructed in the proper care of the baby. If the baby is breast fed, the mother is taught personal hygiene, the proper selection of food to increase the quantity and quality of the milk, the importance of an abundant supply of fresh air and sunshine, disinfection of baby clothes, and keeping flies from the baby. If artificially fed, lessons are given in the preparation of food, care and handling of milk in the home, the necessity of a pure milk supply, cleanliness and attention to the bottles and everything that comes in contact with the baby's food. Each baby under supervision is visited and weighed as often as

possible and an accurate record is kept of its growth. Every effort is also made to reach the expectant mothers, instructing them as to general health and hygiene, proper food and rest, emphasizing the importance of breast feeding and of the engaging of a physician early. Supplementing this work of the Board of Health a clinic for children was inaugurated. This clinic is a concrete example of our spirit of coöperation. It is held in the Salvation Army Citadel in conjunction with the physician in charge and the Salvation Army, which houses the clinic and fills the prescription. Generous friends contribute certified milk daily, the Junior Charity Circle composed of debutantes, loans ice boxes, and contributes ice and milk to sick babies. Occasionally, when the destitution is most extreme, it supplies baby layettes and bed linen from the loan closet. Recently for the same afternoons of the week, in the Salvation Army Citadel, an eye, ear, nose and throat clinic has been opened with one of our leading specialists in charge, with an average monthly attendance of forty.

Tuberculosis work consists in the education of the masses as to how consumption is communicated, cured, and prevented. Tubercular patients are visited in their homes, and are advised as to the importance of rest, food, fresh air and the precautions that must be observed by them and the family to prevent spread of the infection. Disinfectants and sputum cups are distributed and sometimes milk and eggs are given when patients are unable to procure these for themselves. The Charity Aid, with its outdoor relief work, finding imperative the need of a place and care especially for the indigent tubercular cases, built and equipped a small tubercular camp. Though admirably supplying a need, they thought it wisest to discontinue this work, turning over the equipment and a snug little bank account to the Greenville Anti-Tuberculosis Society, with the Chairman of the Board of Health as president, and the Commissioner of Health as secretary-treasurer. An active anti-tuberculosis campaign was inaugurated, a survey of the city made, with a spot map showing the location of the disease, with the result that subscriptions were given and a sanatorium with a capacity of twenty beds has been completed which is successfully caring for patients.

Sanitary inspection of washerwomen was also a duty assigned to me. An ordinance recommended by the Board of Health and approved by the City Council required all washerwomen to register and obtain from the Board of Health permits to take in washing. Inspections of washerwomen are made in reference to housing conditions, general sanitary conditions of premises, water supply and drainage, communicable diseases in the household, care in handling clothes,

scrubbing boards, ironing boards, pots and tubs, which must be of galvanised iron. Score cards are kept, as in dairy inspections, and to hold a permit premises, houses, tubs, etc., must be kept clean and any sickness in a family must be reported promptly to the Board of Health. The permit is withdrawn upon the failure of the holder to comply with all the provisions of the ordinance.

When it was announced that all washerwomen must register at the Board of Health Office, procure permits and be subject to inspection, wild excitement and great consternation prevailed throughout the various negro quarters, and on the day appointed for registration, the City Health Office was besieged with excited applicants. More than seven hundred came, and of all this number only one was white. For a while it seemed as though there would be a general revolt and strike among all the washerwomen. "Permit" was confused with "license" and "tax." One big aggressive negro woman indignantly raised her voice above the subdued murmur of discontent. "I sho does wish women could vote and put a stop to all dese foolish laws." Fortunately, having been brought up on a plantation in the far south and coming of a long line of slave holders, I had an insight into their point of view and I was able to make the most effective appeal to their pride and to their delight in orders and societies. Thus the permit has become a kind of certificate of membership into a great and important health movement in which everybody, both white and black, has entered. I made a house to house canvass of every negro home in the city, giving to each a copy of the ordinance and trying to tell as clearly as possible the reason for its enactment, not to discriminate against them, but to protect their health as well as the health of the white people. Every endeavor is made to teach these women the simple elements of sanitation and good health, showing them the relation between disease and dirt, and the menace from flies, vermin, and mosquitoes, which invariably breed and multiply in stagnant water and accumulated filth. Often their remarks at the end of my little speeches are not only excruciatingly funny, but very wise and pertinent.

Often, in the beginning, I find them regarding with supreme indifference the ban on the wooden tubs. In spite of my stern looks and frowns and threats of the police court, with all their native cunning they begin to disarm me, with "Now ain't she sweet. She sho is made purty." All unconsciously I begin to smile, unable to resent their soft and subtle flatteries, though I know there will quickly follow, "Miss when you gits done wid dat blue dress, remember me."

One day I sat down on a "wash bench" in a yard explaining to a group of washerwomen why wooden tubs should not be used and told

simply the story of malaria, how they get chills and fever. All listened with breathless interest. I felt particularly flattered by the close attention given my story by an old-fashioned "auntie" with a hand resting on each fat hip and her white turbaned head nodding from time to time in grave assent. When I had finished she looked around and said slowly to the others: "Now jess listen at dat. Cain't white folks git up lots of foolishness." And to me: "Mistis, I been borned by the wooden wash tub and I'se an old nigger and I ain't never died yit on account of dirt." This fact was indisputable and I could do nothing but close the argument with a laugh. Another said, "Miss, what you gwine ter do ter pertect us from de white folks' dirty clo's?" This, though meant as an impertinence, was most pertinent, as on the next day I was called to see a girl in the last stage of pulmonary tuberculosis with a complication of tertiary syphilis. She was a most ignorant and careless tubercular patient, coughing continuously and expectorating indifferently. In addition to this she was almost consumed with discharging ulcers. Her clothes were being given to a washerwoman without any previous disinfection. In my monthly report to the Board of Health this case was brought to their notice and it was recommended as a protection to the washerwomen and to minimize yet further the spread of all communicable diseases, especially tuberculosis and specific diseases that all clothing put out to wash from households where such diseases exist be required to be first thoroughly disinfected.

I know of no measure of such extraordinary and practical value in the control and prevention of communicable diseases as the ordinance regulating washerwomen. I was sent to inspect the house and premises of one woman who applied for washing and found her ironing and laying freshly ironed clothes on the bed where her son, far advanced in tuberculosis, lay. Again, I was sent to a home to find the mother suffering from an acute gonorrheal septicemia and a baby two months old almost blind with gonorrheal ophthalmia. A girl of fourteen at night took care of this sick mother and sore-eyed baby and during the day was nurse for a little white baby on a fashionable street. From this same house another girl was going out daily as waitress and maid. The remarkable and deplorable prevalence of tuberculosis among negroes, the rapidity with which they die of it, their bad housing conditions, the growing frequency of pellagra among them, and the almost general presence of specific diseases, make this law imperative both for them and for the protection of the white people; and it affords the most splendid method of educating the colored population in the laws of health and sanitation.

To their credit, since they have come to understand it, they have taken to it very heartily, and most of them are very proud of having a permit and of being registered washerwomen. Sometimes I wonder if I shall ever see them signing themselves Rose Johnson, R.W. (Registered washerwoman), just as I sometimes sign myself with a great deal of pride R.N. (Registered Nurse). The improvement in their homes and premises is very marked. Only one has had her permit withdrawn on account of a dirty house and yard, and they are very quick to report these delinquents who take in washing without a permit.

In order to meet the marvelously-increasing work with undreamed-of demands and alluring possibilities, our nursing staff has been increased and plans have been perfected, with the coming of our other nurse, to organise (taking our registered washerwomen as a nucleus), a colored women's club, with the President of the Greenville Woman's Club as president, and the nurse as health director. We hope to teach something of plain sewing, elements of home nursing, hygiene, first aid, care of children, and the fundamentals of dietetics and good housekeeping. We hope this will inevitably bring about better housing conditions, approximately a fairer living wage for the colored woman, increase her efficiency and opportunities for a better physical, mental and moral development. We have eight hundred registered washerwomen and with these organised and paying so small a sum as ten cents a month, we hope to stimulate them with the reasonable hope of having very soon a colored visiting nurse.

On account of a long attack of illness which kept me off duty more than three months, my work was somewhat demoralized. It was reported down in the quarters, "De lady what suspects us is daid." When I started to work again, I remembered in a certain neighborhood a woman who, the day before I was taken ill, I had found washing in wooden tubs. I gave her a good scolding, telling her she must immediately, right now, do away with those old wooden tubs and get zinc ones, telling her I'd come back next week to see if she had minded me. The days slipped into weeks from June until October, but when I started back to work I remembered her and went across the field, coming up in her back yard. Sure enough, there she was, bending over three big wooden tubs, all unconscious and forgetful of "de lady day suspects," happy as a lark, singing with the plaintive intonation and weird effect characteristic of her race, a favorite old revival song: "At de jedgment day, sheep on de right, goats on de left." When I walked suddenly up behind her and said, "Didn't I tell you not to wash in wooden tubs again?" she looked around quickly, her white eyes shining with surprise and terror. "Fore Gawd, Mistie," she exclaimed, "I heard youse done daid."

The governing board of the City Hospital is giving us its coöperation by placing under our direction the social service and hospital extension work of the institution. We follow up charity patients who, though practically too far recovered to require further hospital care, need to be kept under the supervision of a nurse and instructed as to diet and proper way of living. This also includes surgical dressings which may be done in the home by a visiting nurse, thus increasing the capacity of a hospital that is rapidly outgrowing its size.

It is in this way Greenville is solving her problem. All these varied duties make up the life of the Red Cross visiting nurse, who is called also the city nurse, the Salvation News and de Wash Lady, crowding as they do every minute of days too short with duties varied with humor and unspeakable pathos.

Following Miss Babb's paper came one by Fanny F. Clement on Town and Country Nursing Service, a portion of it being illustrated by moving pictures, and one by Dr. Oscar Dowling, on The Red Cross Nurse in Time of Disaster.

Miss Delano then introduced Miss Gladwin as a nurse who had volunteered for Red Cross service in 1898, who had served in the Spanish-American war, in Japan, in the Hudson-Fulton celebration and in the Ohio floods, before going to Servia.

EXPERIENCES OF A RED CROSS NURSE IN SERBIA

By MARY E. GLADWIN, R.N.

I feel that I had a very great good fortune in going to Serbia. As Serbian unit No. 1, we went out from New York very early one day in September, after nearly all the company of nurses had sailed on the Red Cross ship. We went out on a Greek boat, and I might tell much of the condition of the boat and the life we lived while on it. We were four nurses, for example, in one cabin, and that cabin had been occupied by the ship's stewards who had been turned out in great haste that we might have it; four nurses with four duffle-bags and four dress-suit cases and four heavy coats and all other sorts of impediments. We were not the only occupants of our cabin; there were many others of all sorts. I shall never forget that first night on the Greek boat or all the things we saw. . . . From that time on we slept out on deck, even in times of great storms, when our steamer chairs had to be lashed to the deckhouse to keep us from going overboard.

We had a very bad passage across the Atlantic. I think perhaps

the best thing of all was the message that came to us from the Red Cross ship when we left. I think it was as they approached England. . . .

Warships kept detaining us and asking us all sorts of impertinent questions and turning their search lights on us. . . . .

When we arrived in Palermo we began to hear the first rumors. We heard, for example, that we could not land in Sicily on account of sickness; that there was cholera in Sicily; that Italy would declare war at once. But our chief, who was a very insistent sort of person, said that we must go ashore, that we were very tired, that it was necessary that we have at least two hours ashore. And so the authorities, as authorities seem to do always when we command them, allowed us to go, and we had a very delightful two hours on shore in Palermo. When we approached the Greek isles, one morning, we saw five great ships steam out from behind one of the isles and then a little later three more and then three and then five; and we realized we were seeing the French and English fleet. . . We went to Athens for a few days of rest and to become clean once more, and we stood in very great necessity of that alone. We spent, I think, three days there. . . . .

After our short stay in Athens we went to Salonika, where all the nations seemed to have gathered together. . . . .

We went out one morning on the Serbian line of railroad. We began to realise among what strange people we had come. For example, all along the line every few rods there were little huts erected of brush and green sticks and all sorts of things from the field, and in those houses lived the sentinels who were carrying on sentinel duty for the Serbian Army. And we said, "Are these men soldiers?" "Oh, yes, they are soldiers. They are Serbian soldiers." You never in your life saw such scarecrows as they were.

We went up to Nish, which is a very unimposing little town. Most of those towns have great pavements of stone, not cobblestones but great rocks. Those were entirely buried in a sea of mud. We went out to see the Serbian hospitals. We saw very many prisoners and we saw many of the Serbian Army, dressed in nondescript gowns which had been taken from the prisoners, but there was no place in Nish for us; it was very much crowded. Although they needed our services, there was no place where we could live or work. So the Red Cross suggested that we go on to Kraguievats; that is the Serbian headquarters, where we would find a great number of men wounded. So we went on and we found it just as any other Serbian town, crowded and full of wounded refugees; and we drove up and down in the rain trying to find something equipped for a hospital. I remember as I came up to the hotel that night Madam Conti said to me, "Oh, I wish you were in Belgrade.

In Belgrade is the finest hospital in the western part of Europe, and if you could live there what a magnificent work you could do. Why don't you say something to our chief about it? Perhaps we may be able to go to Belgrade." So we consulted him and he said ,"Yes, all right. We will go if there is an opportunity." The next day we went to the headquarters, where we were very kindly entertained and one of the largest buildings was turned over to us. While there we went into the hotel and we met one of the great generals of the Serbian Army, who said, "Aren't you afraid to go to Belgrade? You know it is under constant fire and you will be in danger every minute day and night? What do you think the people at home will say if anything happens to you there?" So we said, "We have come to Serbia to take care of the sick and wounded, and there seems to be no place for us except in Belgrade, if you send us we are quite willing to take the responsibility of going." So they consented that we could go if we would sign a paper relieving them of all responsibility, which we were only too glad to do. We also had the very great pleasure of being presented to Prince Alexander, the crown prince, who asked us the same question immediately when we went in his presence, "Aren't you afraid to go to Belgrade?" We said, "No, why should we be?"

The next morning we went on with the rest of the party to Belgrade. We began to hear the great guns as we approached the city and we had to get out of the train eight miles from the station, because the station had been shelled so badly that there was very little left of it. As we drove over the fields from the station the shells began to drop all around us. We realized that we were really near the front. After we had gone there and gotten in our quarters there was no more firing for a little while, but during the afternoon some nurses came to me and said, "Would you object if we go down town and take a little walk, because we are so tired from being cramped on the train?" And I said, "No, if you don't go very far." While they stood on the sidewalk talking about where they should go, a great shell came whissing overhead and they came in very quickly and decided not to walk that day.

We were very soon established in our hospital and we found after we arrived about two hundred and fifty wounded patients, who had been sadly wounded. They had had first dressings and many of them nothing more for two weeks, they were, as you can imagine, in a dreadful condition. The hospital was modern, was well built and had been in very good condition, but it was frankly dirty and we had for servants and for a hospital corps such servants as were too decrepit and too old for service on the front, so you can imagine what it would be like.

It did not take us very long to become established, as day by day we received a few patients, perhaps two or three in the course of a day, but we had all we could do to clean up the place and find out where we were. None of us understood any Serbian. We found many people who understood German and a few people understood French, so our difficulties so far as language was concerned, were not very many. Dr. Ryan sent almost immediately to the Austrian government, saying we were in Belgrade and in the military hospital, and asked the Austrian government if they would regard that place as a neutral zone and protect it so far as lay in their power. As soon as possible we received a letter from the Austrian government reminding us what a dangerous position we were in, but assuring us that as far as lay in their power they would protect us; I am very pleased and happy to say that the Austrians, and the Germans later, did their best to make our stay there safe and pleasant.

The cannonading lasted all the time. There was no time during twenty-four hours in the first six months that some of the guns were not fired. My room was a little whitewashed one. Every time one of the big French guns would fire, for example, it would show the flash on my wall. It would illuminate all the wall and then, in a second or two, I would hear the boom of the gun. That kept up night after night, until the time came that we did not hear them any more and did not see the flash. . . . .

We loved our first Serbian patients dearly; but they were so helpless and they trusted so much to the American surgeons and nurses. They believed in us firmly and believed in the country that had sent us to their help. One curious thing happened just before the flag went up. A great Austrian aeroplane, throwing steel darts, which they did throw at such times, flew very low over the hospital and you can't imagine what happened. Every Serbian who could possibly slip out of bed, and many who could not, jumped up and found ammunition and a gun under his bed or pillow and got out on the balcony and began firing at the aeroplane. Dr. Ryan said, "Instead of being a neutral zone, this place is an arsenal." The next day the physician said that hereafter any man who fired out of the hospital grounds at an aeroplane would be shot. So we had no more of that. Every day we were in terror of hearing the coming of aeroplanes overhead, and we kept hearing that the Austrians would be there in two weeks and then in one week and then that their coming would be very short. Then we began to hear very dreadful tales of their having entered into Serbia just above us, then we heard of one city and then another city falling, and we began to realize that they would not come across the river from

Hungary, which was in plain sight of our windows, but they would come from the interior of the city, as they did come. It was a very interesting time for us. Our Serbian patients expected to stay with us, but the hospital authorities, that is, the Serbian hospital authorities, decreed that they should be sent into the interior of Serbia for safety; and as many of them as could be gotten out of bed were put in ox-carts. Many who should not have walked were gotten up on their feet, and one night just at dusk, when the rain was falling, and it seemed as though nothing ever happened to us in bright sunshiny weather, it was always dark and raining, we saw the poor soldiers whom we had begun to love so, file out of the gate to walk eight miles into the interior for safety.

I shall never forget that night. One man after another called us. I remember so well feeling the wet stones under our feet and the men beckoned to us and one after another kissed our hands and thanked us for what we had done. They did not realize it was a hardship for them to go out into the night and the darkness, or, if they realized it, they did not put it in words. But they seemed to want so to thank us for our service and that alone, and we found we had to let them stop and kiss our hands and thank us for what the Americans had done for Serbians and Serbia.

All the Serbians who could, came to evacuate the city, and when they went away they called on Dr. Ryan and said, "Now here is the civil hospital down town and there is the military hospital over there and here is an orphan asylum with eighteen orphans and over here is a big insane asylum, filled full of insane, and this that and the other, and it is yours, every bit." They had no money to give us and they had almost no provisions, they had nothing at all except those wounded and dependent and sick people, so they said, "They are all yours. You are the director of them all." Now we already represented several nations; we had already taken over the power of the American consul and the power of the English consul, and I do think we were representing the Austrians ,the Germans and a few other people, and then we had all those hospitals turned over to us; and when we heard, "Now the Austrians are on the way and will be here in a hurry," Dr. Ryan came in and said, "I want the biggest flag of truce you can find." He took a big sheet and put that on the back of his carriage, "Red Cross Carriage," on the side, and off he drove in honor to meet the Austrians with those two things floating over the back. When he got down to the town he found no Austrians but a great group of workmen trying to patch up the waterpipe, we had no water. He came back in great sorrow and said, "I wish the Austrians would come if

they are coming," because we were all very much frightened. The next day we found a small American flag and Miss Conti and I got out the small American flag and sewed it on a piece of sheet and put that on the front of the carriage and said, "Now see if you don't have better luck." He was the first person who met the Austrian general and he was assured that the hospital would be protected as far as possible.

Then the great army came in and marched by the hospital and came by the thousands and tens of thousands, every kind of troop that you can possibly imagine, with artillery and ambulances and automobiles and everything that goes with an army. They marched and marched for two days and it seemed as though it would never end. Very soon a great Austrian flag had been put up on our gate-post. I haven't told you, I think, that on the second day after we were there, we had put up the American flag, and the American flag stayed on our tower during all that time. We were captured three times but the American flag never came down, no matter what happened.

Now the Austrians came to see us to inspect the hospital. I said to the chief, "Where are the Austrian wounded?" He said, "They tell me there are no wounded; they have had a most fearful engagement through Serbia; there must be some wounded; I can't produce them for you, I am sorry to say." But in two or three days the wounded began to come and I have never experienced and I hope never to experience anything like it again. It would have converted the most ardent lover of military life to peace, that is, peace with honor. They came in by tens and by hundreds and by thousands, literally just as fast and hard as they could come, incessantly. In one day nine thousand badly wounded men came to our hospital and the hospital grounds. We were three surgeons and twelve nurses to begin with. One of the nurses was very ill with pneumonia and appendicitis and scarlet fever all at once. Another nurse very soon was obliged to take to her bed and we had one nurse on at night. Now you can count up how many that was for the operating rooms all day.

First they filled all the beds, then they put the beds up tight together and put four men on two beds. You can imagine what it would be to dress a badly wounded leg in the middle. Then they began to put the men on the floor and in every corner and on the big tables by the wall, and under the tables. Then they filled our corridors, and the corridors were so filled with wounded, our great wide corridors in that splendid hospital, that there was just room to get through them. Every place was literally packed with dead and dying men, it was the most awful sight you can possibly imagine. We had a great many

frozen feet with the men that first came in, but after awhile we paid no attention to them. Those Austrian soldiers had been fighting three weeks in snow and ice constantly, so you can imagine the condition they were in. I remember so well a man that lay in front of the office door, a graduate of a German University. He was a gentleman. He told me that he had not washed his hands for seven weeks. Just think of that.

Remember that we had not food enough, we had not coffee enough, we had not tea enough, we had not dressings enough and we had not service enough. We just went up and down taking up the man that looked the worst. If we thought he was dying we left him there to die; if we thought we could save him, we carried him into the operating room and did the best we could. We worked night and day, in fact all the time, to give those men attention and bring water. Now that is what war is. I remember along about two o'clock in the morning one of the doctors came to me with a little ground coffee in a glass and a little sugar in it and said "If I should put a little cold water in it, do you think it would make coffee?" I said, "No, I am quite sure it would not make coffee. What do you want?" He said, "I have a man on the table whom I have been dressing and he is very faint with hunger; he has had nothing to eat and drink all the week and I think he is going to die. I would like to give him a spoonful of coffee before he faints." We hadn't any gas and had no means of heating except an alcohol lamp, I took this alcohol lamp and made a cup of coffee and fed it to this man one spoonful at a time. I have never seen such gratitude and have never experienced such thankfulness as that man gave us.

I will not attempt to tell you the awful things. We did not attempt to carry out the dead. There were days, as I went about trying to keep all the dressing rooms and operating rooms going, and trying to keep the machinery of the hospital going, when I literally walked over dead men whom nobody had had time to carry out. They died everywhere. There was a ward right next to my room, it had a door coming into my room. I could hear every sound in the ward and I used to tumble into bed at two or three o'clock in the morning, after having worked all day from very early, and hear those men in the ward. They begged and prayed in all sorts of languages for help. They swore, they tore their bandages, and the nights when I got up I knew exactly what I would find when I went in. It took all my strength of mind to stay in bed; because I knew those men were in their agony tearing off the bandages. I knew that the blood was soaking from the bandages and I knew I would see the streams on the floor. Can you imagine anything worse than that? Well, that is what war is.

The Austrians said to us, "As far as Serbia is concerned, the war is all over by Christmas time." They came in on the 2nd of December. We believed it, because we had no means of getting any news from the outside world, but very soon, curiously enough, we began to hear again the guns and we said to each other, "That is curious; what does that mean?" They said, "Why, it is some engagement down on the line." Then I came downstairs early one morning and looked about and on all the hills I saw the Austrians in retreat; they were coming in all directions. From our upstairs windows we could see the great wagon trains, everybody trying to get off. Of course the guns kept coming nearer and nearer. We could look out of the operating room window and see the flashes of the guns and very soon we saw the Austrians driven down and the Serbs coming over the hill instead. The next morning old King Peter, with his two sons, appeared in the streets and went to the cathedral, the old man, over seventy-five, who had led his army to victory, to offer a thanksgiving, because that night there was no enemy, except prisoners, in all Serbia. But it didn't last. The next morning the cannonading began again and we began to realise that our troubles were not over. It lasted from that time, from Christmas to spring. . . . .

We had to face later a danger which we considered a great deal worse, the danger of disease; because we had almost everything known to man in that hospital. What we dreaded most was typhus. We saw our first case at Christmas time and it kept increasing and increasing, we began to find a case here and a case there and we tried to find a place to put them, after we saw that the rest might become sick; but it was becoming every day more and more impossible, as it seemed. I remember the first week in March we made the rounds every night, and I always made the rounds myself, beginning at eight o'clock and getting off anywhere about two in the morning, depending on the work in the hospital, because there were many patients I had no time to attend to during the daytime. I remember that we reached the medical pavilion and instead of starting upstairs, as we had been accustomed to do, we turned down into the basement, and being a very well trained nurse I did not ask why, but we went down into a little room and found it crowded with soldiers lying on the cement floor; and we found that those were a new type of patients. The next day we found that those men had been given straw ticks, and we found another room in the basement was full, and another and a third room was full, until at one time we had one thousand men in the hospital ill with typhus. Then the nurses began to have it; first one nurse and then another, and then Dr. Ryan himself. When Dr. Ryan came down

with typhus he was the only resident whom we had. The other men had left us to return to the United States, before relief came, and we were left in this big hospital with these wounded. We had at that time probably six hundred. We were left on duty, with twelve nurses, and one of the nurses desperately ill and one medical man, our surgeon, going down with it himself. I began to feel that I was having a hard time. I began to wonder just how it would end and I began to have a vision of a white cross up on the hillside, as you may imagine. Dr. Ryan had a chill one day; I was sent for in great haste and I packed hot water bottles around him and blankets over him, and then I went back and tried to see how much work I could do. The next day he had another chill and I packed him again. I went back to the sterilizing room and as I entered, I looked out and in the doorway stood two men in the uniforms of American Red Cross doctors. I rubbed my eyes, because I thought my wish for help had made me see visions, but I went forward and found Dr. Smith and Dr. Butler. It seemed just the merest accident, that is what people ordinarily call happenings of that kind, just the merest accident that brought them there, but I shall always believe it was in answer to prayer. Then very soon we began to have nurses from Pau. We began to feel that God had answered our prayers and it was not so bad after all. We lived from that time, we had no death among our immediate personal group. We did lose, as you know, Dr. Magruder. He came in from another place and he had not been in the house ten minutes when he said he had such a bad headache, would we mind his going to bed." And Dr. Magruder was dead and buried in ten days.

Along in June and July we began to be pretty comfortable. We had plenty of help and I think both the nurses and the doctors began to take life much more easily. The cannonading was at a distance and none of us minded it at all. We got our hospital in good shape and cleaned up, and along about August or September we received an order from home. We were told that all the Red Cross missions were to come home to America and that we were to leave on or about the 1st of October. We hated to think of leaving our hospital, we hated to think of the work which might be there waiting for somebody to do, but all summer long we had been told various things; we had been told, "Tomorrow they are coming back; in two weeks they are coming;" and so on. Then the Serbian government sent us a message. They said, "We appreciate the reason for your being all alone, and we appreciate the service you have done, but we are going to beg you to stay a little longer. If you will stay probably two weeks after the first of the month our troubles will be over, because there will be an engage-

ment and we expect to drive back the enemy and then you may go home;" then one morning the firing began. We realized that new conditions had come and we realized it was heavier than anything we had had before. Very soon we found that one big island, that was just in front of our windows down the river, was the point of contact. It looked like a picture of hell, nothing less. That night they began to fire on the city itself and very soon the city took fire, and we could see the great flames all over the sky in addition to the awful sounds that we heard. The next day the stillness commenced and the wounded began to come in. That day our electric light was cut off and all our water supply. We had no more water in the hospital, except such as was carried from an old well for thirty-one days. You can think what that would mean to any hospital in the United States that had one thousand people to care for. . . . .

We stayed a month and took care of the Austrian wounded, because they were not yet ready to send in a Red Cross unit of their own; but then we told them that just as soon as they were able to take over the service themselves we must go back to the United States. So as soon as we felt that all their arrangements were made, we packed up our things and came up through Austria, through Hungary and Switzerland and France and finally came home.

Our experience was a very vivid one. It lasted fourteen months and was made up of all sorts of things, some I do not like to think about, many of them I could not tell you. There is only one thing that I will say and that is this: I have felt so strongly since I came home how much the Red Cross means to us, it has been brought home to me every single day, because it stands for the one thing that is our salvation now, that is for the brotherhood of mankind. The little help that we have been able to render will never be forgotten, it will live just as long as the world lives, because it represents the feeling of the American people and the American Red Cross, that love of mankind which shall live and bring to us peace.

TUESDAY MORNING SESSION, MAY 2, 1916

CARE OF THE MOUTH DURING PREGNANCY

By M. EVANGELINE JORDAN, D.D.S.

A. SUPERSTITIONS OF THE PAST

This is an age of great scientific discovery. Possibly among the most wonderful discoveries have been those pertaining to the advance of health and the prolongation of life.

As these discoveries have come to light they have cleared away the fogs and darkness of superstition; but two of the bogies that have been slowest to slink away into the shadows are:

First, The superstition that dental care of the prospective mother will produce birthmarks upon the child; and

Second, The superstition that it is natural for a woman during pregnancy to have trouble with her teeth, and that she must expect to lose a tooth for each child.

B. KNOWLEDGE OF THE PRESENT

To banish the first bogy we have only to recall two facts, first, that foetal development is too far advanced before the mother is aware of her condition to affect the developing child—cleft palate with hare-lip being due to lack of union of the superior maxillary bones, which occurs in the second month; and, second, that the histories show many major operations successfully performed upon women during pregnancy, each of which was followed by the successful delivery of a normal child.

The bogy of a tooth for each child has, unfortunately, more reason for making a slow retreat, because women do suffer with their teeth and often lose one or more for each child. It is not a natural condition, but a pathological condition due to neglect, and the greater the neglect the more pathological do the tissues of the mouth become.

The only danger that a woman need fear from dental work is a shock so great that it will produce abortion or miscarriage. Such a danger is so remote that for all practical purposes we can say that it need not exist if the dentist knows of the woman's condition, for then he will not undertake long or painful operations. On the contrary, where the mouth is neglected, the shock from prolonged toothache or the poison absorbed from an abscessed tooth may be severe enough to cause such an abortion. Even if this serious condition does not follow, the suffering caused by a neglected mouth, the indigestion, the toothache, or the effects of absorbed pus, must surely lower the vitality of the developing foetus.

C. NEGLECT OF THE ORAL CAVITY DURING GESTATION

If there is much nausea during the first three months the mouth generally begins to show the results. The teeth and tongue are badly coated. The saliva is acid and ropy, and the teeth decay in direct proportion to the acidity. Cavities begin to form. Soon, if a visit is not made to a dentist, the pulps of one or more teeth may die. The

woman may suffer day and night from the abscesses around her teeth. There are cases on record where the shock from such suffering has brought on premature delivery.

If these abscesses are neglected, the pus is absorbed into the circulation in two ways, first, by mixing with the food during mastication; and, second, by being absorbed by the blood vessels in the tissues surrounding the abscess, where it is taken directly into the circulation. This poisoning may be so excessive that the foetus cannot survive. Such cases are on record.

Another source of danger is from pyorrhoea frequently termed Rigg's disease.

Pyorrhoea, its causes and cure, has been the subject of much study and experiment, and many theories have been advanced. Some think it is of systemic origin; others claim it is local. By some it is said to be bacterial, or parasitic, and by others mechanical. The most logical theory embraces them all. To explain in a few words, when a person takes at a meal more food than is needed at the moment for the upkeep of the body, part of the excess is thrown into the mouth through the saliva. It settles upon the teeth near the mouths of the ducts, particularly above the upper first molars, and on the backs of the lower incisors, and, if not disturbed, hardens.

For eight hours this deposit is so soft that it can easily be rubbed off with a dry brush, but when it remains longer, friction must be used to remove it. This is the beginning of tartar, which will continue to accumulate if not removed. As it accumulates it is less disturbed under the margins of the gums, and so increases in that direction. It presses upon the tissues beneath and causes their death by interfering with the circulation.

The invasion of the pathogenic bacteria of the mouth produces the pus. As this continues down along the side of the root the bunches of fibers which hold the tooth into the socket are destroyed. Pyorrhoea may be cured, but the fibers which are destroyed are never replaced; so, if enough are destroyed to loosen the tooth, its value is gone.

The important fact to remember about pyorrhoea is that it is preventable.

In a woman's life a time of great susceptibility to pyorrhoea is during pregnancy. Then the circulation in the gums is more sluggish, and their exercise is apt to be neglected. The woman often stops brushing her teeth at this time because the gums bleed, thinking that she will injure them.

If the dentist to whom such a case presents itself understands his business, he will reduce the inflammation by the removal of tartar, the

use of local astringents, and advise a coarser or more fibrous diet to stimulate the alimentary canal; and advise that more water be taken between meals.

The gums will be given exercise by local massage and vigorous mastication of coarse foods.

The foetus suffers with the mother by toxemia. This may interfere with its growth. No one can estimate the injury done to the developing child by the constant poisoning which goes on every day where the mother is suffering with pus pockets around her teeth. Knowing the possibility of this toxemia, the prospective mother should do everything in her power to keep her mouth clean and free from pus germs.

If the nutrition of the foetus is interfered with by this toxemia, it may result in the formation of teeth of a poor grade, which are not so resistant to caries. While this is true, it must also be remembered that other constitutional effects from the toxemia undoubtedly predispose to such diseases as scurvy, tuberculosis, rachitis, and other osteogenetic disturbances.

The first teeth begin to calcify about the seventeenth week of pregnancy, and a few weeks later the first permanent molars (the most valuable teeth of the second set) begin to form.

D. EXAMINATION AS SOON AS CONCEPTION IS KNOWN

The pregnant woman can be saved much pain and destruction to her teeth if she begins to care for them as soon as conception is known.

In this enlightened day a good obstetrician advises an examination of the mouth of his patient as soon as she comes to him, because he realizes that the healthy mouth of the mother helps produce a healthy child.

The importance of putting the mouth into as nearly an aseptic condition as possible can scarcely be overrated in its beneficial effect upon both mother and child.

All tartar should be removed and inflamed gums treated. Any cavities should be cleaned and filled. If there are many it is better to put in something temporary until the period of nausea is passed.

If any tooth is too badly diseased to save it should be removed under an anaesthetic. Other diseased pulps should be treated and roots filled. It is not advisable to have gold fillings pounded in because of the resulting nervous strain.

Remember that the dentist must be told of the woman's condition before the work is begun.

E. ADVISABILITY OF BREAST FEEDING

One of the ambitions of every woman who becomes a mother should be to nurse her child during the first year of its life. In order to be able to do so she should conserve her health in every possible way during the nine months of pregnancy. She should avoid all excitement and stimulants which are now known to have a deleterious effect not only upon the mother, but also upon the developing child. Plain, wholesome food, with plenty of fresh air and exercise, but not overwork, will greatly aid in the quest of good health.

The most eminent physicians tell us that a baby while nursing is immune to all the childhood diseases which his mother has had. This means that if the mother in her earlier days has suffered from measles, scarlet fever, whooping cough or diphtheria, or any of the diseases so common to childhood, the nursing baby will probably escape contagion if unfortunate enough to be exposed to such diseases.

F. DANGERS OF BOTTLE FEEDING

More than twice as many bottle fed babies die during the first year as nurslings. This is another of the arguments advanced for nursing a child. In using the bottle there is often a period when the baby is ill nourished because it can not digest the artificial food. If this period is prolonged and there is great malnutrition, the growth of the teeth in the tiny jaw is interfered with and the teeth may be badly shaped, with pitted surfaces. This is called hypoplasia.

From a dental standpoint the most important reason for nursing is that a better shaped mouth results.

If a child is not nursed it is more liable to have adenoids. When nursed, every little cold is noticed, and immediate measures are taken to cure it, while with a bottle-baby the cold may escape notice. Colds necessitate mouth breathing, which soon becomes a habit, and pathological adenoid tissue results from such conditions. This causes the upper arch of the mouth to become high and narrow. When a child constantly sucks away upon the nipple of a bottle or upon a pacifier, or even upon a thumb or finger, the tender upper jaw is pushed up, causing the horseshoe containing the teeth to become narrower than the lower jaw on one or both sides. This must be corrected later in life at great expense and discomfort to the child, while in babyhood it can easily be prevented.

If the child must use a bottle see that the holes are large enough and that the bottle is removed as soon as empty. It is not necessary for a child to suck something to induce sleep.

Undoubtedly these habits produce malformation of the sinuses of nose and throat, and may be productive of chronic catarrhal conditions.

Another objection to bottle feeding is that many of the foods used are deficient in lime salts and poor teeth result. If the food is too sweet it causes rapid decay of the first teeth as they begin to erupt. I have found the anterior teeth of many condensed milk babies badly broken down at eighteen months, or before all the molars were in place.

G. ORAL HYGIENE DURING PREGNANCY

At home the patient should thoroughly brush the teeth before retiring and after breakfast. If she will use the brush *dry*, placing upon the gums and brushing toward the cutting edge of the teeth, she will get a stimulating effect upon the gums, which will help restore them to to health. Remember the ideal gums are hard, and as thin as a knife blade, where they hug the teeth. If two brushes are kept, so that each is used only once a day, better massage of the gums results. After using the brush dry, wet it and apply any good dentifrice. If the gums bleed after all tartar has been removed ask your dentist for an astringent mouth wash. There are many good prescriptions applicable to different conditions.

Where there is much acidity the woman should, after cleaning the teeth at night, rinse the mouth with milk of magnesia.

H. THE NURSE'S OPPORTUNITY

The work of oral hygiene has made considerable progress because of the concerted efforts of the dentists. These efforts have resulted in the foundation of great memorials like the Forsyth Institute of Boston, and the Rochester Dental Dispensary.

I had the pleasure of visiting the Forsyth Institute before its opening. It is a memorial erected by the two living Forsyths to their dead brothers. It is a marble palace on the Fenway, and was erected to care for the teeth of the poor children of Boston. Two million dollars have been dedicated to build, equip and maintain this wonderful charity. Since its erection several others have been started along more modest lines. These have all resulted from the individual work of people interested in the building of a stronger and better race.

There is no one who has a greater opportunity for advancing the cause of oral hygiene than the nurse. She can carry the work directly into the home. She should take the stand that no one need expect to retain good health with a pathological oral cavity.

A clean mouth is necessary for good health. Unhygienic conditions in the mouth may go along apparently unnoticed for years, and then suddenly show their result in some severe disorder.

A seed of some poisonous weed lies dormant, then sprouts, grows to blossoms, then to seeds, which in turn scatter far and wide and each takes root.

Oral neglect is like the poisonous weed. It would have been easy to destroy the first seed, but impossible to root out the great crop of weeds.

To you nurses I leave this message. Each day drop some little word of advice or teaching as to the care of the mouth.

Do not wait until some deed of greatness you may do.
Do not wait to shed your light afar.
To the many duties ever near you now be true,
Clean up the corner where you are.

During the discussion that followed Dr. Jordan's paper, the question was asked as to the necessity for repairing first teeth. To this Dr. Jordan replied:

The first permanent molar, the most valuable of the second set of teeth, is in position some time after the fifth year, and by the laity is most frequently thought to be a deciduous tooth, that is, a temporary tooth, and for that reason it is lost very frequently. In the examination of the mouth for the army they can only demand one tooth on each side in the clearing of the three molars involved on each side, because of this loss being so common among the line of men who apply. The deciduous teeth next to this tooth remain until the child is twelve. Now a cavity in a child's tooth will form and the pulp will be destroyed in a very short period. I have often seen the pulp dying in a tooth that, three months before, showed absolutely no sign of a cavity. So you can see that for six years the danger to the first permanent molar is very great and that accounts for the frequent loss.

The discussion included reports of dental work in schools in various cities and of the better care being now given to the teeth of patients ill in hospitals where formerly there was none.

THE ERADICATION AND PREVENTION OF BUBONIC PLAGUE IN NEW ORLEANS, LA.

By ASSISTANT SURGEON C. V. AKIN
United States Public Health Service

The presence of bubonic plague was first made known to the public of New Orleans on June 27, 1914, when Dr. Blue, Surgeon General of the United States Public Health Service, was notified of the existence

of a case of human infection, in a telegram from the President of the Louisiana State Board of Health. The case reported was that of C. L., a Swedish laborer, residing at 713 St. Joseph Street, the patient dying in the Charity Hospital on June 28, 1914.

The surgeon general at once proceeded to New Orleans and after confirming the diagnosis was invited by the state and city officials to assume charge of eradicative measures. The Secretary of the Treasury Department thereupon directed Dr. Blue to apply such measures as he thought necessary. Having been placed in command, plans were formulated for the regular service organization to take charge of the situation.

On Monday, July 6, 1914, Assistant Surgeon General Rucker arrived in New Orleans, following which the surgeon general returned to Washington. For the purpose of hastening the work of ridding New Orleans of this menace to the health and prosperity of her people, other service officers were ordered to proceed at once to this city and report to Dr. Rucker for assignment to duty. A definite plan having been agreed upon at a conference between Assistant Surgeon General Rucker and state and city health authorities, the actual campaign of plague eradication was begun on July 7, 1914.

Immediately following the first case of human plague, that of C. L., a second was discovered, that of R. W. W. Both men lived at 713 St. Joseph Street, a large rooming house managed by the Volunteers of America, and worked at 424 Notre Dame Street, the latter building being occupied as a stable and as a collection point for refuse paper and rags. R. W. W., case No. 2, was employed as a hostler, and C. L., case No. 1, for the purpose of collecting and assorting rags and paper. The proximity of this place of business to the river front and the immense amount of rat harborage afforded by the character of storage, no doubt played a direct part in the infection of these men.

Notwithstanding the discovery of human plague in June, 1914, no rodent plague was demonstrated until July 16, 1914 when, a rat trapped at 1914 Magazine Street, on July 11, 1914, was declared plague infected.

While it is not possible to state absolutely when and how bubonic plague entered New Orleans, it is well to bring to your attention certain factors, which may have played a part in its inception. New Orleans, one of the largest ports in the country, engages in extensive trade relations with Cuba, England (Liverpool), and the Canary Islands, all of which have been plague infected at one time or another. Ships clearing from such points with heterogeneous cargoes of foodstuffs and other products, on arriving in New Orleans make use of her

wonderful docking facilities and tie up at one of the wharves. The rat, an animal with an insatiable spirit of Wanderlust, even though it be plague infected, forsakes the ship, hoping to find a more comfortable and more permanent home on land. Having no inclination to tarry long in one place the rat travels light, but carries with it always its quota of fleas. Being favored by a low stage of the river, the rat lands without difficulty and takes up a temporary abode beneath or within the walls, being assured of a plentiful supply of food. The length of its stay in this place is determined to a great extent by the height of the water, as with a rise of the river the rat is forced inland. Always in hopes of bettering itself and of finding a more satisfactory place in which to breed and feed its young, it continues its line of march into and across the city. Having the human instinct of gregariousness, it meets and consorts with other rats. Possibly the visiting rat is plague infected. If so, the fleas which have used it for a host and served it as traveling companions, are also contaminated. In its travels through the city, associating as it must with other rats, it may indulge in the polite sport of "swapping fleas." Even though the fleas be so loyal that they refuse to leave the visiting rat so long as it is alive, for a new host, yet, if the rat die of the infection, they will listen to the "call of the blood;" it being understood that the call they hear is that of warm circulating blood. In such a way non-infected rats become storehouses of plague infection and consequent propagators of its spread. In such a way might New Orleans have become a "Plague City."

As bubonic plague is unquestionably a disease of rodents, it is unnecessary to emphasize the fact that the two human cases before mentioned were not its first appearance in the city. How long the rodent plague had existed in New Orleans before the human infection was demonstrated will never be known, but it is believed that no great space of time had elapsed between its primary inception and the occurrence of these cases because of the rapid extension of rodent infection throughout the "clean areas" of the city during August and September, 1914.

Upon assuming charge of eradicative measures Assistant Surgeon General Rucker assigned to duty the various officers under his command, the three divisions of duty being field work, laboratory examination of rodents and out going quarantine. In carrying out the plan of campaign adopted both general and special measures were employed.

For administrative purposes, the city was at first divided into seven districts, each in charge of a service officer and subject to the command of headquarters. District officers were provided with centrally located offices and with sufficient clerical force to handle the various re-

ports required by headquarters. At first attention was centered on the trapping of rats and mice, the officers in charge being assisted by foremen and trappers. To facilitate this work each district was subdivided, the divisions being known as "squad districts." To each squad district were assigned a number of trappers, chosen both for their mental and physical qualifications, and one especially efficient man was made foreman, whose duty it was to see that the trappers did not shirk their duty. In addition to this the foreman keeps a record of the daily rodent catch of his squad, which he submits to the supervising inspector of trappers. It is the duty of the inspector to maintain discipline in the trapping force, to see that the orders from the district officer are promptly executed, and to submit to the officer the foremen's daily reports after he has checked them over to determine their correctness.

Each rat and mouse caught is tagged so as to definitely locate the premise in which it is trapped. On being brought to district headquarters all rodents are dipped in coal oil to kill fleas, thus obviating the possibility of the transmission of plague, provided they are infected. All rodents are sent to the laboratory where they are carefully examined by experts. The tagging of rodents is necessary for locating plague foci and trappers are required to inscribe the tags carefully and legibly. When the laboratory reports the finding of a plague infected rat, the district officer, acting on orders from headquarters, proceeds to apply such measures as are deemed advisable to stamp out the infection and prevent its spread. The intent is to kill not only the rats, but at the same time to destroy the excess flea population resulting from their death. The same treatment is applied to a premise whether the infection be human or rodent. The building is first fumigated with sulphur, following which it is sprayed with a 2 per cent solution of coal oil emulsion. The most valuable eradicative measure without question is the immediate removal of rat harborage from a known focus of infection and the destruction of the existing rat population at such a place. Intensive trapping is always resorted to but in more than one heavily rat infested premise in which plague had been discovered only a few rats were captured until their hiding places had been destroyed. In this work it is customary to remove all plank floors which are on or near the ground and to open up shollow wall spaces which afford rat protection. The resulting material is either removed entirely from the premises or if retained is elevated on racks 2 feet above the surface of the ground. It is noticeable that the rat catch is always increased after the destruction of harboring places, which is a logical and most desirable result.

Coincident with trapping operations and the location of plague foci, other men were employed as building inspectors. It is their duty to visit each premise in the portion of the district allotted to them and by means of inspection cards to submit to district headquarters complete information as to the structural conditions and rat-proof status of buildings. The data collected on these cards is transcribed to notices drawn up in legal form and made out in duplicate. The original is sent to the owner, instructing him to comply with the requirements of the rat-proofing ordinance, while the duplicate is retained in the district files for reference. Following the receipt of this notice it is customary for the owner to request a personal inspection of the property, in company with the medical officer in charge of the district or an inspector. The custom is encouraged, for not only is the owner more willing to comply when the necessity for such work is carefully explained, but the rat-proofing requirements are carried out more effectively because of his clearer understanding. Much depends on the personality of the inspector, for his deficiency in tact and lack of patience will be exemplified in a lessened efficiency and poorer grade of rat-proofing.

Aside from a summary destruction of rodent harboring places the most successful measure for the eradication of bubonic plague from any city is rat-proofing. Its greatest value lies in its permanency. In order to compel property owners to so change the structural condition of the building under their control as to have it conform with the requirements for rat-proofing, it was necessary to enact an ordinance defining such change. Service officers, together with representatives of the legal and health departments of the city, drafted ordinances providing for the rat-proofing of all buildings, for the handling and disposal of garbage and for the measures to be observed by ship owners and agents when their vessels were in port. These ordinances were accepted and the city authorities have played an active and valuable part in their enforcement.

For the purpose of rat-proofing, buildings are divided into three classes, A, B, and C. In the first class, are placed all buildings used in the preparation, storage or sale of food products. The presence of a large amount of food in a building naturally encourages rats to seek entrance and great care is necessary to prevent this. All such buildings are required to have concrete floors surrounded by a wall of concrete or brick laid in cement mortar of such thickness as will insure its stability, which extends below the ground level not less than two feet in order to prevent rats burrowing under the wall and consequently establishing harboring places beneath the paving.

Dwellings and all other buildings not included in classes A and C, except stables, may be rat-proofed in either of two ways. The floor covering of wood may be retained and the building as a whole be considered as conforming with the requirements of the ordinance provided it be elevated at least eighteen inches above the surface of the ground on piers, and the spaces between the piers left open on three sides. If the elevation be insufficient the owner is given the alternative of elevating the building to the required height or surrounding it with a marginal wall of concrete or brick laid in cement mortar, the specifications for which are the same as were described under the heading of Class A construction.

Class C comprises buildings used for the wholesale storage of non-food products or of food products in hermetically sealed containers. A tar-cinder composition floor with a surrounding foundation wall of concrete or brick laid in cement mortar is permitted for this class.

Stables, because of the large amount of unprotected foodstuffs, are paved and surrounded with a marginal wall as is provided for buildings in class A, but are not considered as falling in that class because of special requirements demanded.

Coincident with rat-proofing, rat-trapping and other measures which provided directly for the elimination of the rat as a menace to the public health of New Orleans, other measures were undertaken in order to more thoroughly acquaint the people with the reason and necessity for the work. At the beginning of the campaign the support of various city organizations was solicited and many meetings were held for the purpose of disseminating information as to methods in which the individual citizen could cooperate. These meetings were addressed by service officers, resident physicians of the city and by others who were interested in and had a knowledge of the work to be done. Whenever possible the talks were illustrated by stereopticon views of service operations in other cities, and these served to bring home to the people the vital necessity for structural change and the removal of insanitary collection of debris which constituted rat harborage.

Since the beginning of service operations the strictest measures have been enforced to prevent the spread of infection through outbound vessels. Ships are required to be breasted off from the wharves at least eight feet, to protect lines leading from ship to shore with large metallic rat guards and to have gangways raised at night. Before leaving port, ships are fumigated for the purpose of destroying all rats on board. The gases variously used for fumigation are sulphur-dioxide, carbon-monoxide and cyanide gas. Early in the campaign all freight cars out-bound with cargo were required to be rat-proof and in addi-

tion to this were inspected at the time of loading to prevent the introduction of rodents in the merchandise. A large force of inspectors was employed to watch the loading, to see that it was done only in the day time and to attend to the proper sealing of the cars when the loading was completed.

Rat-proofing progressed under the ordinances first drafted until June, 1915, when they were declared unconstitutional because of certain technicalities. This decision of the Supreme Court retarded the work to a slight extent, but it was never discontinued, the better class of citizen believing rat-proofing to be a good measure and having no doubt but that it would be continued to completion. The ordinances were re-drafted to conform to the court decree and were enacted by the Commission Council. The work as commenced has continued and at the present time it is believed that the people of New Orleans are more heartily in sympathy with the measure than ever before.

While plague infected rats are still captured from time to time, no case of human plague has occurred since September 8, 1915. The tenacity of rodent plague infection is possibly explained by the existence of a type of plague among rats known as "Quiescent" or "Resolving." Because of an innate high resistance certain rats, though plague infected, recover from the disease, yet, carry in their bodies infectious material which makes possible the continued transmission of plague from rat to rat or from rat to human being through the medium of the flea.

It is impossible to calculate the worth of the eradication of plague to the city of New Orleans in dollars and cents, yet there has been no measure operative in the city or state in its entire history which has been more productive of good. Not only has it safeguarded the health of the individual citizen, but it has saved them from a commercially ruinous quarantine. Had it not been possible to certify vessels and trains leaving New Orleans as clean and free from rat infestation, no other city in the country or in the world would have received them without burdensome, or indeed prohibitive restrictions. Business, big and little, would have stagnated and the people would have been compelled to live on a siege basis. Thousands of dollars have been saved directly by the destruction of rats, as it is authoritatively stated, that it costs not less than one dollar and eighty cents per year to feed each rat. A large amount of money has been spent by the property owners in an effort to make their buildings conform with the requirements of rat-proofing, but every dollar has been well invested. The buildings treated have been benefited, not only structurally but also in appearance. This has had a natural tendency to stimulate in owners and tenants a sense of civic pride. In a large majority of cases, the one

in control continues the improvement even after all the requirements of the ordinance have been complied with. Many buildings which would have been left to decay and possibly to collapse through structural neglect have been demolished, and thousands of others have been saved from this fate by timely repair. The physical characteristics and geographical situation of the city assist the natural process of decay. By elevation and by the installation of concrete floors and proper foundation walls many buildings have been saved and years added to their life of usefulness.

Several million dollars have been put into circulation as a direct result of the campaign and this money has been spent in New Orleans by New Orleans people. Aside from the employees paid by the government, hundreds of mechanics and builders have been afforded occupation, who otherwise would have been out of employment. In spite of the hard times so widely advertised by the "calamity howlers," it has not been necessary to institute a "bread line" in New Orleans as was the case in other cities during the fall and winter of 1914.

The people of New Orleans, both rich and poor, are to be complimented on the wonderful spirit of coöperation exhibited by them. Without such help the united efforts of city, state and federal governments would have gone for nothing, and instead of being one of the cleanest ports in the world, she would still be as she was, a plague ridden city discriminated against by other uninfected ports.

At the close of Dr. Akin's paper a rising vote of thanks was given the speakers of the morning. The convention then went into business session.

Miss Sly read the revised clause last under discussion in regard to membership and then the whole membership clause. The question of requiring registration as a qualification for membership was discussed. It was explained that if adopted the law would not be retroactive, that associations need not drop those members who were not registered, it would only apply to new members. There would also be time until 1918 to work out the matter. After full discussion the clause requiring registration was adopted and, later, the full membership clause. In the midst of the discussion Miss Noyes asked the delegates to consider including the JOURNAL in their association dues and reported that at one of the round tables held by Miss Sly, delegates from seventeen states had promised to take home the idea and present it.

The by-law regarding permanent members was then discussed. Miss Sly read the proposed amendment which would strike out the

clause providing for permanent members. "The idea is to retain the permanent members we now have, but cease to create any more after a certain time, and this amendment provides for that." The reason for the proposed change was given as simplifying the membership and preventing duplication. It had been found also that it would be necessary to elect these members delegates at-large at each convention for the ensuing one, which would be a complicated procedure. After full discussion the amendment was adopted which reads:

Amend by striking out "any graduate nurse having once served as a delegate may become a permanent member at any subsequent meeting by the presentation of credentials from an organization affiliated in the American Nurses' Association and upon payment of dues."

Later Miss Johnson moved that "these changes in the by-laws affecting the organization shall go into effect in 1918," meaning at the close of the convention in 1918.

The report of the Committee on National Pin, prepared for last year's convention and not presented then, was read by the secretary in the absence of Miss Walsh. This committee, the Board of Directors and the Advisory Council all recommend giving up the idea of having a national pin. Miss Golding moved that the idea be abandoned. The motion was carried and after it a vote of thanks was given the Committee on National Pin and especially to its chairman for the large amount of work it had done so willlingly.

A letter was read from Helen Teal of Cincinnati, who had received one of the Robb scholarships, thanking the members of the association for the opportunity it offered her.

The secretary read an appeal from Lady Aberdeen for help for the children of Ireland. Contributions may be sent through Blanche Swainhart, Visiting Nurse Association, Cleveland, Ohio.

A question from the question box was presented as to whether "nominating ballots" should be signed. As the question was not quite clear and the sender was not present, it could not be answered satisfactorily.

Miss Eldredge asked that a night letter be sent Miss Palmer expressing regret at her absence. This was approved.

TUESDAY AFTERNOON SESSION, MAY 2, 1916

SUBJECT: LEGISLATION

REPORT OF SUB-COMMITTEE ON LEGISLATION

This committee, consisting of three members, commenced its work immediately on appointment. As proposed, the work taken up for this year was to obtain and tabulate data from all the states having registration laws, concerning their requirements for accredited training schools, with the view of working towards a more uniform standard in the United States. The work was divided equally and the states distributed into three sections—eastern, middle west and western. A response was received from all states with the exception of Delaware, West Virginia, North Dakota, Texas, Washington, Kentucky and Tennessee. The report is, therefore, based on the findings of thirty-two states and is as follows. The arrangement agreed upon was to follow ten points which seemed most pertinent to the work in hand:

I. Whether the schools were incorporated, their capacity and the daily average number of patients. II. What services were required. III. Superintendent of nurses to be registered. IV. Educational entrance requirements; length of course; class term; probation; age of admission; physician's certificate. V. Teaching equipment (class room, demonstration room, laboratory, diet kitchen). VI. Theoretical subjects. VII. Experience required. VIII. Affiliation required. IX. Student's record to be filed with Board. X. Subjects for examination.

Recommendations. This Committee after due consideration of the points of this report respectfully recommends the following:

Point 1. That all schools shall be required to be incorporated for the purpose of authorization to issue diplomas, with the exception of those connected with a public body.

Point II. That superintendents of training schools shall be required to be registered nurses.

Point IV. That at least two years of high school shall be required for admission to schools of nursing. That applicants to training schools shall submit evidences from their school showing the amount of education received.

Point V. The Committee desires to emphasize that teaching equipment enumerated under this point is highly essential and even indispensable. It believes that teaching by demonstration is equal to, if not better than text book teaching and that every opportunity should

be given for demonstration work with a careful inspection of notes taken at the demonstration and also supervision of practical work.

Point VI. Attention is called to the fact of the inequality in the hours of instruction on almost every subject. The method of estimating the amount of instruction given in every subject by the number of class periods is in some respects inadequate for it cannot take into account the scope and intensity of the work. There should be, however, a certain equality in the number of periods considered essential.

Point VII. Recommends that the minimum amount of experience to be given by the schools be laid down by the Board to include all essential subjects. Advises that statistics giving the number of patients per pupil and the ratio of employed graduate nurses to pupil nurses be incorporated in the points to be employed in surveys made by the Central Committee for State Board inspection.

Point VIII. Recommends that affiliation be required where requisite experience is not obtainable in the home school.

Point IX. That a standard form for the permanent record of each pupil nurse be adopted.

Point X. Recommends that uniformity of subjects for examination shall be adopted in order to give definite meaning to reciprocity, also that there should be the same passing grade for examination in all states, otherwise a nurse who fails to pass in one state may be passed in another for the same quality of work and might be enabled to register in her own state by reciprocity.

This committee wishes to emphasize the value of practical work in examinations. The poor student who is yet strong on practical nursing has a chance to show her ability and help up her average.

In conclusion, this committee desires to express the opinion that the present status of requirements for training schools, as shown by this survey is essentially lacking in uniformity, both in theoretical instruction and in practical instruction. It urges that a vigorous and systematic attack of the question be made in the belief that through the power of the Boards of Examiners the standard of what constitutes the requirements for the training of nurses can be established. These powers should be exercised to their utmost capacity and machinery instituted in each state that will bring about a coöperation and articulation with the existing machinery of public instruction and public health.

Therefore, this committee respectfully requests that a committee be appointed which, after careful deliberation, shall draw up a general plan of requirements for accredited training schools and a curriculum

of instruction in theory and practice that may be recommended to Boards of Examiners to serve as a working basis, looking towards a greater degree of uniformity in the education of nurses in the United States.

ANNA C. JAMMÉ, R.N., *Chairman*,
LAUDER SUTHERLAND, R.N.
MARY B. EYRE, R.N.

The report was recieved with interest and the Committee was asked to carry on its work for another year. Miss Jammé was then asked to preside during the rest of the session.

Miss Jammé stated that it was fifteen years since legislative work was begun and that we have not yet reached the point where the status of the nurse is defined. Last year the machinery by which the boards were operated was considered and the outcome was a feeling that the boards should be in closer coöperation, hence the sub-committee and its work.

STANDARDIZATION OF STATE REQUIREMENTS OF TRAINING SCHOOLS FOR NURSES

BY MARY BROOKS EYRE, R.N.

(*Read by Miss Sutherland in the absence of Miss Eyre.*)

In everyday language, this title says to us today, "Come, let us get together to select such points as we all agree are necessary for the state to insist upon in maintaining schools for the training of nurses; and those points upon which we all (or most of us!) agree, we will call our '*standard.*'"

Time forbids our following up this fascinating invitation, at the present session. We may, however, plan the campaign.

In some states, the laws define pretty explicitly what the requirements shall be; in others, much is left to the discretionary power of the Boards; and in the latter case, equal requirements may be formulated, and presented to the schools, with the authority of the state behind them.

In setting any sort of a standard, we are at once confronted by three aspects:

First, The ideal.

Second, The thing that is desirable, but uncertain.

Third, The practical thing, that can be made possible of accomplishment at present.

It is with the latter that we must perforce deal first, and as introduction, I am going to borrow Miss Goodrich's thunder, in stating that the problem underlying the whole question of schools of nursing and of state regulation, is to train nurses who shall meet the needs of the community.

Statistics for a given locality show that only 10 per cent of the sick are in hospitals, 90 per cent being cared for in their own homes. This significant fact opens a wide and deep question, whose issues reach into every phase of the nursing profession.

How are nurses to be best equipped to take care of patients who are at home, as well as in the hospitals? How may State Boards of Examiners work to further these ends?

The well-worn saying that this is the age of specialization, applies to licensing Boards, authorized by the state.

I have never seen the socialistic significance of this dwelt upon in our nursing literature; but we are sharing the general tendency toward control by the state, for the interest of the many; and that this is a sound basis, has been abundantly proven, in widely differing fields.

In the selection of even the most practical standards, we should analyze the varying conditions. In states having compulsory registration laws, requirements must be lower than where registration is optional, because no law is valid which is considered to work undue hardship upon those earning a livelihood under it. The intent of all law is to protect the rights of citizens. Moreover, in a state where the graduate nurse must hold a license in order to practice, the supply of pupil-nurses who care for the sick in the hospitals of that state, must not be cut too short. This is far from ideal, but it would appear to be a practical necessity.

Standards would also be affected by the population of the state. Where sparsely settled districts predominate, the requirement as to bed capacity of hospitals, must necessarily be lower.

Educational facilities offered by the state to its young women, will have bearing on the educational requirements set by the State Board of Registration.

I venture to say that in some of our western states (I speak as a Westerner!) it would be impossible to enforce, with fidelity, a *compulsory* registration law, requiring preliminary high school education. The small hospitals in thinly settled districts, could not get enough pupil nurses at the present time, to care for their patients.

If the criticism be made, that thus we may abolish the evil of the small, poorly-equipped hospitals, the reply will be, that these same small hospitals, far away from the centers of population, have a func-

tion to perform to the sick of those scattered communities, and that in several instances they are enabled to run, only by means of their training schools.

This is by no means what the State Boards would choose for the advancement of educational standards for nurses, but in parts of the country where the physical conformation is a barrier to getting emergency cases to the city hospitals for treatment, I confess that this aspect of the small-hospital problem, causes some heart-searchings to the training school inspector, who is trying her best to oust the school in question!

Let us hope that the growth in population and the development of transportation facilities in these remote regions, will gradually remedy this state of affairs. For the present, the best compromise would seem to be affiliation.

Therefore, to affiliation, the Boards in all states which have to deal with the problem of the small isolated hospital, should bend their energies.

The State Board, through its official (or unofficial) inspector of schools, can pave the way for affiliation, and present it so luringly that it will appear to the smaller schools as a privilege rather than as an exaction designed to plague them.

In a recent survey made by a sub-committee under the auspices of the Bureau of Registration, for this meeting of the American Nurses' Association, a questionnaire was sent to each of the State Boards, asking their requirements for schools of nursing, on various important points.

An estimate of percentages, made from Miss Jammé's excellent tabulation sheet, was based on replies from ten of the State Boards, not selected.

This showed, by way of sample, that 60 per cent of the Boards require that schools of nursing be incorporated; 70 per cent require bed capacity averaging 22 beds; 70 per cent require affiliation for special hospitals or those having low bed capacity; 90 per cent require registered superindendents of nurses; 70 per cent require 3 years' course; 60 per cent require class room; and 60 per cent specify hours of instruction.

Here, again, is a point which deserves consideration, as the value of instruction depends as much upon the ability of the teacher to impart knowledge simply and forcibly, as upon the amount of time consumed. A skilled teacher can accomplish more in one hour than a poor one, in three hours.

Can a standard be set for teachers in our schools of nursing, or shall that be left for nature's method of survival of the fittest, aided by Teachers College?

The question of standards for State Board Examinations is a burning one, all by itself. Suffice it to mention here, the value of holding examinations in practical work, which I hope may be incorporated in our standardized requirements, as showing the actual training a nurse has received, more clearly than any amount of written work can do. 80 per cent of the Boards, as estimated on the foregoing basis, require practical examination. The passing grade was 75 per cent, in 50 per cent of the Boards, and 70 per cent in the remaining 50 per cent. The importance of standardizing the passing grade is obvious, as otherwise an applicant for registration who had failed in one state might be registered in another, and return to the original state for registration by reciprocity. This is merely a cross section of statistics, serving as the proverbial straw, to show the trend of affairs.

An ampler survey has been compiled by Miss Jammé, which demonstrates graphically the value of surveys and statistics to the State Boards and to the Central Registration Bureau and thence to the nursing profession at large.

It is urged most earnestly that State Boards encourage inspection of all schools of nursing; and that careful records be kept for comparison.

Thus we can find quickly and accurately what it is that we need for our schools,—the Boards and the Central Bureau serving as efficient machinery for systematizing knowledge.

When the work of standardizing requirements shall have been completed, examining boards will be free from many of the perplexities which now beset them, and will be given more opportunity for constructive work; but this phase of the subject verges on the territory of "Reciprocity," which is ground where I have no business to be, at present.

Before closing let us take a hopeful glance at ideals for the future.

It is not too soon to look forward to a national examining board, which would further simplify the detail work which taxes our State Boards so severely. The medical profession has already taken steps toward ultimately having a national Board of Medical Examiners; and such a Board is the logical outcome of the principle of specialization.

Before this can be brought to pass, we must thresh out together our problems, with mutual concessions and suggestions, until we reach conclusions which shall apply to us all. To summarize:

1. The main object of standardization is to further, through State Registration Boards, the efficiency of schools of nursing to meet the needs of the community.

2. Regulation by State Boards is in line with modern efficiency methods.

3. Divergence of conditions obtaining in the different states makes standardization a matter for careful deliberation, and necessitates a choice of the practical rather than the ideal.

4. It is important not to attempt standards which cannot be honestly and wholly fulfilled by the schools, in all states equally.

5. While not within the limitations of this paper to discuss all requirements, certain of them are especially urged, such as those covering affiliation, instruction of pupils, examination in practical work by Examining Boards, and standardization of the final passing grade.

6. The value of state-wide inspection by the state boards is emphasized and the accurate recording of statistics for the use of Boards and of the Bureau of Registration, upon whom the work of standardization must devolve.

7. The uniform standard of requirements leads ultimately to the establishment of a National Examining Board for Nurses.

Miss Jammé stated that

Though this is a burning question, we also feel that we should approach this very deliberately and with a great deal of thought and consideration, because we have to feel the needs not only of the schools in the large centers but also the schools in the small centers; we cannot make the standard requirements that will suit the large schools and not take into consideration the medium sized and the smaller schools. . . . .

I take it that we are all agreed also in the fact that we cannot maintain our requirements unless we have inspection of training schools; that the work of the inspector is one of the most valuable parts of our registration; that the mere fact of examining and registering and issuing certificates is but a very small part of the work of the board of examiners and the inspection of training schools is really the most vital point of the whole administration of the law.

METHODS OF STATE INSPECTION OF TRAINING SCHOOLS

By AMY M. HILLIARD, R.N.

In the state of New York a training school for nurses or the institution of which it is a department must be incorporated by the Regents (Laws of 1907, ch. 646). It will be inspected by the Education Department upon receipt of a formal application for registration, which shows that it possesses the minimum requirements.

For registration a nurse training school must be connected with a hospital (or sanatorium) having not less than 50 beds and a daily average of 30 patients. Each bed must meet the requirement of the State

Board of Charities as to air space. The hospital should provide experience in the following departments of nursing: medical, surgical, obstetrical and pediatric. Training schools connected with hospitals not providing adequate opportunities for experience in all the above departments must become affiliated with institutions approved as giving such experience.

Training schools for nurses registered by the Regents shall provide both practical and theoretical instruction in the following branches of nursing: (1) medical nursing (including materia medica), (2) surgical nursing with operative technic including gynecology, (3) obstetrical nursing, (4) nursing of sick children (ward of 10 beds with a daily average of 8 patients), (5) diet cooking for the sick including (a) 12 lessons in cooking in a good technical school or with a competent diet teacher, (b) food values, and feeding in special cases, to be taught in classes, not by lectures, (6) a thorough course of theoretical instruction in contagious nursing, where practical experience is impossible, (7) bacteriology.

Training schools for male nurses shall provide instruction in genito-urinary branches in place of gynecological and obstetrical nursing.

The period of instruction in the training schools must be not less than two full years, during which time students shall not be utilized to care for patients outside of a hospital.

Inspection. The Department inspects all registered schools of the state and others on formal application for registration or incorporation.

Training schools for nurses are registered by the Regents on formal application only and a form for this purpose will be mailed on application to the Assistant Commissioner for Higher Education. The professional requirement and the general preliminary education requirement of the institution must be considered by him fully equivalent to the requirement established by the statute.

Nurse training schools unable to meet the standards required by the Regents for registration in full shall be accredited by the Department for one or more years of professional training as they meet the requirements for admission and for professional training required by the Regents' standards.

A registered school may refuse to accord an accredited institution the recognition given it by the Department but it may not give it any higher recognition. The diploma from a registered school only may be recognised for entering the examinations for registered nurse.

General hospitals with a capacity of less than fifty beds and a daily average of thirty patients are not satisfactory teaching fields for the following reasons:

1. They usually lack sufficient clinical material for teaching purposes in all but the surgical service.

2. They lack instructors; the superintendent of the hospital is very often expected to give all instruction and the major part of the supervision as well. She seldom has more than one day assistant who acts as supervisor for operating room, maternity and wards.

3. They lack proper rooms for recitation, study and recreation. Frequently the public reception room for patients' friends is the only available place for the pupils to receive friends and for the conduct of lectures and recitations.

4. They lack teaching equipment as there is seldom a suitable place in which to install it.

Such hospitals should postpone opening schools for nurses until they are able to give a full course in general nursing.

Special hospitals can render better service to the public by offering post graduate and affiliated courses than by opening schools. In this way they can give equal service to their patients and avoid assuming the responsibility for giving the complete course in general nursing.

The large hospitals in New York City, such as St. Luke's , the Presbyterian, New York, Mt. Sinai and others are without maternity services and for upwards of twenty years these schools have sent their student nurses to the large maternity hospitals of New York City each for a full three months' course in obstetrics. This plan could well be followed for other special courses in hospitals for sick children,hospitals for nervous and mental diseases, hospitals for the care and treatment of the eye, ear, nose and throat, etc.

Inspection, routine. Each registered nurse training school in New York State is inspected annually for information concerning the following points: The training school committee, its personnel, number of meetings held during the year; the number of resident physicians and internes; the printed annual report; the total number of beds, daily average number of patients and census day of inspection; affiliations; division of services; number of private room beds, semi-private beds and ward beds in each of the following services: medical for men; medical for women; surgical for men; surgical for women; maternity; children; contagious. Faculty. The principal of the training school, her preliminary education, previous experience, school from which she graduated, and her special preparation for the work. The number of day and night assistants, including supervisors, instructors and head nurses, with their salaries and qualifications. Number of students in senior, intermediate, junior and preliminary classes, and their educational qualifications. Length of preliminary course and hours for theoretical and practical instruction, for study, for rec-

reation, and for ward duty. Course of instruction. Methods of instruction; recitation, lecture or laboratory. Length of entire course of instruction; hours: whether during the day or evening, for lecture, demonstration, and recitation periods. School records. Card system? Monthly allowance. Hours on day duty, night duty. Length of periods for night duty, time allowance at expiration of each period, number of periods during training, number of months in training before first period of night duty is given. Hours for recreation, study. Vacations, number and length of time for each. Special nursing, outside the hospital, within the hospital and remuneration received by hospital for this service. Training school facilities; lecture room, practical demonstration room, diet kitchen, laboratory, study, library, gymnasium, reception rooms; their furnishings and equipment. Dining room: Food and its service. Rooms for pupils; number of single rooms, double rooms, and dormitories. Number of beds in each dormitory. Hospital equipment in lavatories, utility rooms, work rooms, pantries, linen closets, maids closets, etc. Ward equipment; trays for nursing procedures. Methods of charting, of receiving orders from physicians, reports of day and night nurses; care of patients clothes; supply of linen and utensils. Care of hospital equipment. Order. Cleanliness.

Limitations found only by inspection. Hospitals and nurse training schools are inspected by the New York State Department of Education not only to determine their eligibility for registration but at regular intervals after registration. Inspection often reveals defects and limitations which may be completely hidden in correspondence or in written reports from the schools. What written report would be likely to reveal the following conditions?

1. That there were no slop hoppers whatever in the hospital.
2. That typhoid precautions were not adequately observed.
3. That all septic instruments and dressings were taken to pantries for cleaning and sterilization.
4. That the services for obstetrics and pediatrics were often combined, with a single nurse on night duty, and new born infants and their mothers were thus subjected to possible infection or contagion.
5. That student nurses were placed on 24-hour special duty and not given time for study and recreation and often at the whim of a patient or physician were excused from class and lecture periods.
6. That probationers were placed in charge of wards at night.
7. That pupil nurses failed to be given proper rotation in order to receive adequate training in all branches of general nursing.
8. That after a long period of night duty students had been placed on contagious service without a sufficient interval for rest and recreation.

9. That student records were not accurately kept and in some instances were missing.

The courses that are being given to student nurses in dietetics are very generally inadequate. They are seldom complete enough to prepare them for private duty nursing and almost never for public health work. Some of the best courses in this subject are given in the small hospital schools. Some of the largest hospitals find considerable difficulty in giving a well balanced course to each pupil. The instruction varies from the complete course of theory in the class room supplemented by from one to two months' practical experience under the constant supervision of a competent dietetian in the hospital diet kitchen, to twelve periods, by an itinerant dietitian or by the chef in the state hospital. Limited attention has been given to instruction in food values and diets for growing children and it is a rare course which places the responsibility for varying diets for even the more common diseases upon the pupil who is receiving her practical instruction in the diet kitchen.

The courses in pediatrics are so generally limited that it has been found necessary to require affiliations for all hospitals which do not have a daily average of at least eight patients. Even with this number of patients it is very generally found that over half of the number will be surgical cases which leaves a very small margin for clinical teaching in the nursing care of medical diseases incident to infancy and early childhood.

The course in medical nursing is also very limited in clinical material and not infrequently, particularly since the Working Men's Compensation Law of New York went into effect, the inspector finds that the medical wards are used for the over-flow from the surgical and accident wards.

From reliable statistics it is found that only about 10 per cent of the sick are cared for in hospitals and we know that a very large proportion of this number is surgical cases. It must therefore follow that the private duty and public health nurses will care for, in their homes, the great bulk of medical cases and sick children. Without affiliation, what preparation does the average hospital school give its students to prepare them for this work that they must undertake when graduated?

When not lacking entirely, clinical instruction to student nurses is very generally limited in the following services: Mental and nervous diseases, tuberculosis, skin diseases, diseases of the eye, ear, nose and throat, contagious diseases.

Progress. Since inspection began in New York State very material advancement has been made in nursing standards. Hospitals have

provided better class room facilities and more instructors. The housing conditions have been also greatly improved, a large number of hospitals having erected residences for their schools during the past three or four years. The improvement however has not kept pace with the enlargement of the hospitals. It would seem obvious that every addition to a hospital implied a corresponding addition to the residence for nurses but this is the exception rather than the rule. In consequence, the residences for some of our best known schools of nursing in New York State are very much overcrowded. Although evening class and lecture periods have been very generally discontinued, in at least one instance the limited room for lodging pupil nurses has resulted in long hours on duty (11 daily) and with the exception of the preliminary class, an entire course of instruction is conducted after 7 p.m.

More and better-equipped utility and work rooms are now found and improved ward equipment. Trays for hypodermics, thermometers and for surgical and medical procedures are seldom lacking and in the best hospitals a very complete series of trays for nursing procedures is found in each ward unit. Toilet baskets are in general use for morning care of patients although in some instances it is still difficult to discriminate between face basins, cleaning basins and surgical basins when they are found in intimate association in the ward lavatories.

The practice of requiring each pupil nurse ro furnish and carry her own thermometer and hypodermic syringe is still persisted in by a few hospitals: a practice which makes for neither economy of time nor surgical cleanliness.

A larger percentage of well educated women are entering nursing schools in New York State, over one-half of the entire number having qualified for student certificates during the past year.

Enforcement of the minimum educational requirement of one year in high school or secondary work equivalent to it has automatically stopped the practice of using student nurses to earn money for hospitals.

More and better affiliations have been made to provide clinical material to round out complete courses in general nursing.

Better training school records are being kept and the card system, as outlined in the Syllabus for the Guidance of Nurse Training Schools in New York State, with few exceptions, has been adopted.

The most important factor making for progress in any nurse training school is a principal with vision and high ideals; one who has taken up her work only after a thorough educational and professional preparation for it. No amount of conscientious or faithful effort on the part of a principal will take the place of proper professional preparation.

It is also of vital importance that there shall be a training school committee representative in its personnel that will assist and support the principal in her work. Without such a training school committee or direct representation on the hospital board of trustees, the most efficient principal is handicapped and finds it not only difficult, but in many instances impossible, to do efficient work.

Almost without exception I have found that training school committees are willing and anxious to coöperate in giving pupil nurses a thorough course in nursing education and it is seldom difficult for them to see the necessity for giving adequate courses in pediatrics, dietetics or any of the other branches of general nursing and to make suitable affiliations to obtain clinical instruction in any service they may lack, if such affiliations are earnestly recommended by the principal of the training school.

Miss Jammé then introduced Dr. Bahn, secretary of the Board of Nurse Examiners of Louisiana.

THE PRESENT AND FUTURE ASPECTS OF RECIPROCITY

By C. A. BAHN, M.D.

The future of nursing reciprocity hinges on the standardization and inspection of training schools. There is but one way to eliminate inferior training schools, and that is, by pointing out weakness by comparison, which with publicity, means standardization.

Training schools are institutions of learning just as are universities. The public and the profession demand that the prospective nurse have sympathetic and proper instruction according to modern approved methods. You are gathered here to specifically summarize what modern and approved methods really are, and what constitutes the essentials of a training school. No one thing or even five can determine this. Beds alone, in a hospital, don't make a nurse. The actual time of training, two or three years, may mean much or little. All of the vital factors must be considered even to cleanliness and order. Dirt and discipline do not go together in a hospital.

A method of classification for training schools on an educational basis must be arranged, which will include all the essentials of nursing training, which will leave but little to the personal element of inspection, and which will be applicable to every training school in this country. Such a form of classification or grading must be based on the fact that a hospital and training school of a given capacity, equipment, and organization should have certain specific requirements, and not having all of these, passes to a lower class in which all requirements are met.

A vital feature of reciprocity is the preliminary requirement. How many nurses' boards are positive that their preliminary requirements are being fulfilled? I doubt that there are 10. If you have preliminary requirements, enforce them. If a Board is directly responsible for student nurses' preliminary education, why not assume that responsibility during the students' probation when deficiencies may be rectified?

The inspection and regulation of training schools are the real work of a Nurses' Examining Board. Nurses are made in a training school, and not by a State Board examination. The time will come when training school standardization will make State Board examination unnecessary. This inspection should be made by the secretary or some duly appointed officer, and to verify a detailed specific statement of the institution, as well as to suggest improvements as the result of comparison with other training schools. This can be accomplished only by uniformity and systematic comparison, which also eliminates the personal equation. Without inspection, training school regulation is but little advanced over the correspondence course of nursing. If standardization and inspection of training schools is desirable, is it not ten times more so on a uniform basis applicable to every training school in this country?

The reciprocity problems which we must solve before nursing reciprocity can really be called reciprocity, are these:

1. Will Nurses Boards recognize or refuse all nurses from another state, or will they recognize only the training school and qualifications of the individual applicant? Is reciprocity to be a sisterly pact to overlook all sins of omission and commission of training schools, or is it to be based on the fundamental question of individual qualifications?

The purpose of reciprocity is to permit registered nurses of a certain excellence to register in another state without a second examination. How is this excellence arrived at? By a State Board examination? I do not think so, for this at best eliminates the lowest 5 to 10 per cent , besides no one Board examination is more difficult than another. Those who pass are of varying degrees of excellence, depending upon their training schools and supplementary training. Should 80 per cent of this number be barred from reciprocity because the other 20 per cent does not comply with some minor requirement of another Board? I think not. The purpose of reciprocity must not be defeated by red tape. State Boards must not be arbitrary, and must not let petty problems interfere with the moral and legal rights of the registered nurses, whose agents we are.

2. What shall we do with the nurse graduated and registered some years ago, who applies in a second state for reciprocity? She doubtless

does not meet present requirements, and should not be expected to. It is only fair that she be accepted or rejected on requirements of the time of registration in the first state.

Remember, requirements for 1916, apply to nurses who enter training in 1916, and not to nurses who graduate in 1916. Nurses graduating in 1916 must conform to 1913 or 1914 requirements, depending upon a two or three year requirement at that time. A nurse graduated in Colorado in 1910, passed an examination before the Colorado Board in 1910, and applies to this Board in 1916. Will we consider her on our 1910 requirements, or if prior to the organization of this Board to our earliest requirements, or will we consider her application on the basis of our 1914 or 1916 requirements. I think we should consider the application on our 1910 requirements. If the nurse complied with the Colorado law and could have registered in this state, in say 1912, without examination, we should accept her application on the same terms today.

3. Now consider the same case, but assume that the nurse registered in Colorado by waiver, and not by examination. Shall this Board require an examination, or shall we consider the application on 1910, 1914, or 1916 requirements?

4. Should State Boards recognize the law of another state literally, or shall the question of enforcement be considered? Many states have two year laws but three year requirements, etc., and a moderate law enforced accomplishes more than a perfect law not enforced.

5. What relation does the compulsory law have to reciprocity? And in this connection are the so-called compulsory laws compulsory, and have they been tested in court? They assume no jurisdiction over the practical nurse, and simply prevent the use of terms, trained, licensed, graduated, and registered by the unauthorized as opposed to the non-compulsory laws which include only the terms registered or licensed.

Can a law prevent a person assuming to be a trained or graduated nurse if that person has had some training or is a graduate?

These are problems which you must solve before your agents, the State Boards, can apply the principles involved.

I believe the solution of the reciprocity problem consists in each state tabulating its detailed requirements for each year or two for the past five years. Consider reciprocity of past graduates on the basis of requirements at the time of registration in the first state. For nurses graduating after January, 1917, reciprocity should be considered on the basis of the training school alone. The grading of training schools in the manner referred to in the eight months intervening will give the various Boards ample opportunity to classify their various schools.

The very fact that a number of Boards consider applicants on the basis of a uniform training school requirement will force by sheer publicity practically all training schools to recognize this form of classification.

There is a crying demand for a small strong national educational committee. Give them power to act and lots of postage stamps. With energy, justice, business management and a reasonable expense, this committee can do more for organized nursing in three years than has been accomplished in the past twenty-three years. The secretary should give all her time to the position.

The duties of this committee would be in part:

1. To formulate ideal nursing laws. If this parent organization has not framed an ideal law, how can you expect the sub-organizations to do so? Legislation demands education.

2. To formulate proper preliminary requirements, training school requirements and a method of training school classification, preparatory to the grading of every training school in this country on a uniform basis and eventually from a central source.

3. To formulate suitable literature for wide circulation in states having no nursing laws, as well as to organize nursing bodies in such states to institute suitable legislation.

4. To assist, especially the newly organized State Boards, in systematizing of Board work.

5. To formulate suitable application forms, uniform record systems, and other stationery used by State Boards.

State Boards need more interest, greater coöperation and better management. Can you expect 44 separate organizations to act in unison without a directing hand? The knowledge, justice, activity, and power of such a committee must, if properly managed, soon dominate the individual State Board, the training school, and legislation. Has not a similar body of the American Medical Association done this, and more? Then why delay? If you members of the American Nurses' Association want better training schools, better State Boards, better legislation, and real reciprocity, you must decide specifically upon the present problems, organize a strong committee with power to act, and have them assist the various State Boards, and direct what you wish accomplished. You have it in your power to regulate training schools, legislation, and reciprocity. If you do not make the best use of your power, you and you alone are to blame. The grading of training schools under your direct supervision will do more to strengthen your organization, unify State Boards and legislation, and clarify the reciprocity problem than all else together.

To conclude, if the ideas herein expressed meet your approval, criticize that they may be improved; if they do not meet your approval, criticize anyway. Criticism means interest. Interest means action. Action is needed.

Rating of accredited training schools. Louisiana Nurses Board of Examiners. Dr. C. A. Bahn, Secretary, New Orleans, Louisiana, September 1, 1915, to September 1, 1916.

	A	B	C
Minimum number beds	75	50	2
Average number operations daily	6	3	
Average number obstetrical cases monthly	8	5	
Separate wards eye, ear, nose, throat, children's diseases	Yes		
Dispensary	Yes	Yes	Yes
No affiliation	Yes		
obstetrical cases (each student)	8	6	6
Faculty:			
Head of Training School	R.N. 5 yrs.	R.N. 3 yrs.	R.N.
Number of graduate nurse teachers, (entire time)	4 R.N.	3 R.N.	2 R.N.
Applicants:			
Preliminary requirements			
Student nurse's certificates of this Board	Yes	Yes	Yes
Students:			
Minimum number	20	15	10
Length of course	3 yr.	3 yr.	3 yr.
Probationary period	3 mos.	2 mos.	2 mos.
Lectures. See minimum requirements for branches and hours.			
Number of lectures per week first year	5	5	5
Number of lectures per week second second year	5	5	5
Number of lectures per week third year	3	3	3
Number weeks' lectures first year	36	36	36
Number weeks' lectures second year.	36	36	36
Number weeks' lectures third year	20	20	20
Lectures given as separate classes	Yes	Yes	Yes
Written examinations upon all subjects	Yes	Yes	Yes
Passing mark, 75	Yes	Yes	Yes
Instruction under pharmacist and pathologist	Yes	Yes	Yes
All instruction in hospital	Yes	Yes	Yes

The following are graded excellent, good, fair, poor.

A training school must have 90 per cent excellent, 0 per cent poor. B training schools must have 75 per cent excellent, 15 per cent good. C training schools must have 60 per cent excellent, and not over 10 per cent poor.

Training school facilities. Modern lecture room, library, laboratory, other teaching equipment, diet kitchens (training school).

Hospital equipment. Rooms, wards, lavatories, elevators, diet kitchens, (hospital), operating rooms, nurses' quarters.

Cleanliness. Operating rooms, rooms (patients), kitchens, ice-boxes, nurses' quarters.

Order. Operating rooms, rooms (patients), kitchens, ice-boxes, nurses' quarters.

In opening the discussion on Dr. Bahn's paper, Miss Jammé said she believed the Association had taken a great step forward in requiring the degree of registered nurse for admission. Miss Rockhill asked how much affiliation training should be given to pupils from state hospital schools. The replies showed that in New York one year is given such students; in Maryland, one and a half; it was the consensus of opinion that three months' affiliation for mental training is the least that should be given pupils from general hospitals. The time at which such affiliation is most valuable was determined as the second year of the student's course. Reports were given as to the results from inspection of schools in Illinois and Indiana. Miss Wheeler made the suggestion that states considering amendments should be urged to delay them until more uniform standards had been worked out by the Committee on Legislation and by the League. Reciprocity was discussed at length and Miss Lawler was asked to read the recent clause from the amended Maryland law:

> And be it further enacted that said Board of Examiners shall have the power in the exercise of its sound discretion, to issue a certificate of registration, without examination, to any applicant, who has been duly registered as a registered nurse under the laws of another state; provided said Board of Examiners shall determine that such applicant possesses qualifications which are the equivalent of those required under Section 4 of this Act.

And Section 4 of the Act is the requirement for registration.

Miss Jammé called attention to the new pamphlet on Accredited Schools issued by Miss Wheeler's committee at a price of fifty cents which covers much more ground than the first one did, as more states had responded and which is of value to all examining boards, and to many schools and associations.

TUESDAY EVENING SESSION, MAY 2, 1916

SUBJECT: PROBLEMS OF NURSING EDUCATION

This joint open meeting was held under the auspices of the League and the papers given by Dr. Rudolph Matas, Dr. Brandt V. B. Dixon and M. Adelaide Nutting will appear in the League Proceedings.

WEDNESDAY AFTERNOON SESSION, MAY 3, 1916

Miss Goodrich asked the secretary to read the report of the official registration, "as it has been presented to us by that most devoted of workers, Miss Randall."

Official Registration of the New Orleans Convention.

(This includes delegates and visitors to the three organizations,—all nurses who registered as having been in attendance. The representation from various cities is included in the original report and can be given to any state officers to whom it would be of value.)

Alabama, 10; Arkansas, 32; California, 6; Canada, 4; Colorado, 4; Connecticut, 11; District of Columbia, 6; Florida, 3; Georgia, 8; Idaho, 1; Illinois, 56; Indiana, 9; Iowa, 4; Kansas, 4; Kentucky, 19; Louisiana, 232; Maine, 1; Maryland, 13; Massachusetts, 11; Michigan, 15; Minnesota, 24; Mississippi, 31; Missouri, 17; Nebraska, 2; New Jersey, 5; New Hampshire, 1; New York, 47; North Carolina, 2; North Dakota, 2; Ohio, 31; Oklahoma, 5; Pennsylvania, 38; Rhode Island, 8; South Carolina, 9; Tennessee, 23; Texas, 13; Utah, 1; Virginia, 8; Washington, 1; West Virginia, 2; Wisconsin, 1. Total, 703.

MISS GOODRICH: I think the Louisiana nurses may be interested to know that we have no such accurate record of previous meetings. I think we have reason to believe that this is the best represented Convention we have ever had, not the largest, but it may be the widest. We do not know whether there is any one here from Delaware, Oregon, or Montana. We think those states are not represented.

The subject of a Finance Committee was then taken up and the recommendation of the Board of Directors was read:

The Board of Directors recommends that the president shall appoint two members to act with the treasurer as a Finance Committee to make out a budget of expenses and to advise as to the expenditure of funds.

Miss Golding moved that the recommendation be accepted. The motion was carried without discussion.

Miss Goodrich then explained that it had been found that the new membership clause as presented did not provide for training in

more than one hospital, as did the old by-laws, and that it was suggested that the old clause be added to the new one, making it read:

. . . . training schools connected with general hospitals giving continuous training in a hospital of not less than two years, *or giving equivalent training in one or more hospitals.*

There are certain hospitals like children's hospitals, that are really special hospitals, that by affiliation make their graduates eligible for membership. In stating: "two years continuous training in a general hospital," we should have cut out those schools, and attention was called to this by various members present, therefore the Revision Committee came in with the suggestion that we insert a clause which would remedy this. You notice that the old clause "trained in a professional school and hospital," was not put in for this reason: we all, I think, stand for two years in the hospital. When the requirement was three years, it was felt that there might be a preliminary course in a central school, but we all want two years in a hospital or hospitals.

The secretary then read the entire membership clause as revised:

Membership in this association shall consist of the members in good standing in the state associations belonging to it; such members of the state associations, being graduates of training schools connected with general hospitals giving a continuous training in a hospital of not less than two years or giving an equivalent training in one or more hospitals. This training must include practical experience in caring for men, women and children, together with theoretical and practical instruction in medical, surgical, obstetrical and children's nursing. The daily average number of patients shall be that established by the state nurses' association in the state from which the applicant comes, for admission to membership. In those states where nurse practice laws have been secured, registration shall be an additional qualification.

On motion of Miss Paterson, the membership clause as read was adopted.

Miss Davids moved that a by-law providing that the two presidents of the other national organizations be ex-officio members of the Board of Directors be prepared by the Revision Committee during the coming year. The motion was carried.

Miss Goodrich asked whether the members present would approve having a notice of the final conclusions of this meeting concerning revision sent to each affiliated association and to the permanent members. On motion of Miss Robinson this suggestion was approved.

Miss Goodrich: It has been suggested, and the suggestion has been endorsed by the Advisory Council, that all affiliated organizations should appoint committees on revision to consult with the revision committees of the states. May I say that the Revision Committee of the American Nurses' Association has

very kindly volunteered to confer with state or local committees on revision and that if such committees have any doubt as to their constitution and by-laws, if they will refer them to the Revision Committee of the American Nurses' Association, this committee will point out any possible conflict between their by-laws and those of the American Nurses' Association.

On motion of Miss Davids it was recommended that the same Committee on Revision be retained during the coming year.

Miss Goodrich announced that if a sufficient number of states desired it and would send in a request not later than November 1, a meeting of the Advisory Council would be called for January.

Miss Golding read a further report of the Relief Fund Committee which was accepted.

The rules governing the Relief Fund Committee, as adopted by the Committee and endorsed by the Board of Directors, were read. These rules were approved on motion of Miss Toupet.

RULES GOVERNING THE RELIEF FUND OF THE AMERICAN NURSES' ASSOCIATION

The Relief Fund is a special fund of the American Nurses' Association established in June, 1911, for the benefit of its members who may be in need of financial aid.

The Relief Fund Committee consists of five members, two of whom are the Secretary and the Treasurer of the Association. The President of the Association is an ex-officio member of the committee. The work of the committee is defined by the Board of Directors.

Object

To provide financial aid in times of emergency, to give relief to disabled members not otherwise provided for and to establish a loan fund.

Eligibility

Any nurse who is a member of the American Nurses' Association or of any other nursing organization affiliated with it shall be eligible for help from this fund. Such relief shall be for disability from illness or disaster and may include funeral expenses. This is not to apply to those who have families able to care for them or where sufficient provision can be made by their local associations. Blanks may be obtained from the chairmen of the national or state committees.

Administration

Administration is determined by the Board of Directors and the Relief Fund Committee, the amount of relief being determined by the whole committee except in cases of emergency, when the chairman, recording secretary and treasurer act. All action in regard to relief is ratified by the directors at their next regular meeting.

Disbursements

Assistance from the fund shall not be available until it has reached $10,000. When the amount subscribed shall exceed that sum, such excess, with the accumulated interest, may be used, and when the sum has reached $50,000 it shall be available for loans. Five per cent of the annual contributions to the fund and five per cent of the annual income may be used for administrative expenses.

Investment of Funds

The president and treasurer of the American Nurses' Association and the chairman of the Relief Fund Committee are authorized to invest the funds with the advice of the manager of the Farmers Loan and Trust Company of New York.

Meetings

The Relief Fund Committee shall hold meetings yearly at the time of the annual convention and at such other times as the president of the American Nurses' Association or the chairman of the Relief Fund Committee shall deem necessary.

Officers

The officers shall be a chairman, a secretary and a treasurer, who shall be the treasurer of the American Nurses' Association. The secretary may be appointed by the chairman.

Quorum

Three members of the committee shall constitute a quorum.

Changes in Rules

Any anticipated changes in the rules of the committee shall be the subject of conference between the Board of Directors and the Relief Fund Committee before final action by the Directors.

On request for a more detailed account of the work being done under the Fund, Miss Golding said:

The Relief Fund is now assisting six nurses. Four applications have been renewed and two new ones have been granted. For the benefit of some nurses who have asked how much is given and how, I would say that we give from $5 to $20 a month to some of these applicants. One member is alone in the world, she contracted consumption while she was in training, and her alumnae association, I am very glad to say, paid $30 a month for her board in a sanatorium. The Relief Fund gives $10 monthly towards the balance of the amount.

One nurse was stranded in Texas and has heart trouble. She was discovered by the Texas nurses living alone in a furnished room, getting her meals on a small gas stove. Through the assistance of a number of the nurses in Texas she was helped greatly and the Relief Fund Committee now finds that $5 monthly is all that is necessary.

Another nurse has been seriously ill for a long time; and has recently been given $20 a month. She is being assisted by other associations and by her friends. I want to say that any sanatorium or hospital with which any of these applicants has been connected has been only too glad either to give relief in a small way or

else to give board at a reduced rate, which I think is very nice on behalf of those institutions.

One other nurse whom we are just beginning to help had an aged mother who fell downstairs and is helpless; this nurse has broken down, has very serious heart trouble. A classmate helps her with the care of herself and her mother, a former patient sends over a man to look after the fire while these people are laid low.

One applicant has had tuberculosis for five years and has been able to work only six months during that time. She has help from friends, from the Relief Fund, her association and her state association. These two last-named nurses are receiving $10 monthly. The states represented by the applicants are: California, Colorado, Texas, Nebraska, North Carolina, Pennsylvania.

Miss Goodrich: I only wish that every member who has made a donation or secured a donation to the Relief Fund could have the privilege of reading the letters regarding the applicants because they would feel, I am sure, as the members of the committee do, that every cent that is put into this is worthily expended. Each call has carried such a distinct plea, each person has only asked when it was so very evident that she could not meet the situation alone. I think you will be glad to know that this committee recommends the formation of state Relief Fund Committees, some of which have been formed already. This suggestion is endorsed also by the Advisory Council, and by the Board of Directors.

On request, Miss Golding read the recommendation again:

That we recommend to the delegates that each state shall appoint a state Relief Fund Committee; that we further recommend that there shall be local or district committees, whose chairmen shall be automatically members of the state Relief Fund Committee. There shall be created an advisory council, composed of the chairmen of the state Relief Fund Committees, which shall meet in conference with the Relief Fund Committee of the American Nurses' Association at the annual convention.

Miss Goodrich: You see in this way, through state committees, we could reach every corner of the state and every nurse who is connected with a state association, either in local organisation or individually; and again, if these committees should work with the state committee, then the state could very intelligently and definitely report to the American Nurses' Association what the real need is of the members in their own state. We should also have a very interesting report as to the amount of relief needed in any given state and of the funds collected in any given state; we should have a way of going back to each state for further information concerning anything. We should have again, as one of our members has suggested, a cobweb extending over all the states, into every corner of them, and this Fund will then be very rapidly enlarged, which is, of course, most necessary.

On motion of Miss Paterson, the recommendations were accepted.

The question of naming the Relief Fund, the McIsaac Fund, was again discussed. On motion of Miss Ott, it was decided to suspend consideration of the question until next year, during which time it might be considered by the separate organizations. Pledges for the

Relief Fund were then called for with the result that $800 was pledged within a few minutes.

The report of the Department of Nursing and Health as prepared by Miss Nutting was read by Miss Stewart.

REPORT OF THE DEPARTMENT OF NURSING AND HEALTH, TEACHERS COLLEGE, NEW YORK CITY

M. ADELAIDE NUTTING.

The work of the department has gone on smoothly and steadily during the year with few changes to record in staff, courses of study, student body, or student life. That more nurses are getting ready to do public health work is shown by the larger group registered in that division which reflects the complexity of the field for which it aims to prepare. There are, for instance, in that group, nurses preparing for school nursing, social service, rural work, infant hygiene, and at least three are planning two years of thorough study and training in preparation for industrial work. This will be carried on under the direction of Dr. Donald Armstrong who succeeded Dr. Winslow in our Department. Some idea of the way in which this branch of work is developing may be gathered from noting that when Dr. Winslow came to us six years ago, he gave a single course running through one term to about fourteen students. The same course during this winter, covered twice as much time and was given to 130 students, while courses in Industrial Hygiene, in Public Health Administration and advanced work in Public Health Investigation have been added. Very much the same kind of growth has attended Dr. Chaddock's work in Social Science. He began with a group of ten or twelve students, and in his two courses this winter has lectured to 150 students. To these courses students outside the department are admitted. Some new work has been opened, for instance, a course of demonstrations of practical nursing methods which is given at St. Luke's Hospital by the assistant superintendent of nurses, Miss Carling. This course should prove highly valuable for our students who are preparing to teach. The department has continued its efforts to provide opportunities for those engaged in hospital and training school work, who are able to give a little time to study. Miss Goodrich has again given an evening course in Supervision in Hospitals and Training Schools to a large group of assistants and supervisors, and the courses in School Nursing and Public Health Administration have been opened to nurses engaged in public health work. It is usually quite possible for visiting and school nurses to attend one or two

courses given late in the afternoon and to obtain much needed help in that way.

There has been an unusually large number of outside lecturers invited to speak upon various topics of contemporary importance and a special short course of lectures of much interest has been given under the Isabel Hampton Robb Foundation. This was given by two eminent specialists and dealt with Mental Hygiene in Childhood.

Letters of inquiry have about doubled in number during the last year and the correspondence of the department is exceedingly heavy. Difficult and complicated questions dealing with hospital, training school and other professional problems come in almost every day's mail and it is hard to see how we can continue to handle them adequately without more clerical aid than the college is able to supply. Yet there is no part of our work to which we are more anxious to give thoughtful attention. We consider it of the utmost importance that such requests for information and advice should have the best help we are capable of providing.

The summer courses will be offered again this year and a new and special course on the Defects and Diseases of Children will be given. It is designed especially for public health workers, but will be open to others. We have a striking increase in the number of inquiries about summer work and the tenor of some of the letters is such as to suggest that the purpose of the summer work is not entirely understood. There are those who apparently look upon the six weeks of summer study as offering a short and easy path to a position. We cannot too clearly state that we do not so conceive our task, and are not so much concerned with helping nurses into positions as with trying to help them to do better work in those they already hold. We do not consider ourselves qualified to give any honest estimate of the ability of students who have been under instruction and observation for so brief a period. The summer session serves many legitimate purposes. It can help those serious workers already occupied in the various fields of nursing in positions which they are only able to leave for a few weeks at a time; it can provide excellent groundwork in all the elementary sciences for those intending to enter the department and deficient in those subjects. It can give valuable instruction in a good many special subjects, but it does not attempt to offer, in six weeks, adequate preparation for any form of nursing work. Those wishing such genuine preparation should try to enter for the regular courses. We see with sympathetic interest the great efforts made by an increasing number of nurses to come to the college for such further education as we can give them and we note with pleasure that the

provision of scholarships for the help of such ambitious nurses is growing in favor. We have three or four students this year who are enabled to carry on their work with us through the generosity either of their training school authorities or of their alumnae associations. Such a public spirited attitude on the part of these bodies deserves high commendation, and we hope that their efforts may bring forth results which will seem to them to justify their faith. We would like to record here that one of our former students who received a scholarship of moderate size from the college a few years ago, this year returns it with interest, asking that it be awarded to some selected student for the coming year. Such returns are so unusual that I am going to give the name of the person who makes it. It is Mary W. McKechnie. The department likes also here to mention with gratitude the gift on two occasions of a small sum of money from a former student devoted to our welfare. With it we have bought photographs of historical interest for teaching material and some rare pamphlets.

We are still receiving a good many requests for information as to where courses of training in laboratory work can be secured and it is possible that in another year we may be able to include that in the work of the department. We hope also that we may shortly see our way to working out a group of combined courses designed to train teachers of occupations. That there is need for such teachers is evident and the nurse's training should provide an unusually strong foundation upon which to build.

The requests for our graduates for positions of various kinds have increased steadily during the year and are very far in excess of our ability to meet. This is particularly true of two or three branches of work. We can meet a mere fraction of the requests for Instructors in Training Schools, for School Nurses, and for Social Service Workers. All of these branches, however, require women of rather exceptional educational and personal qualifications.

We should not fail to mention the opportunities for part time work for our second year students who are preparing to teach. We call them teaching scholarships and they have been provided in Bellevue, St. Luke's, Long Island College, and in one or two other hospitals. Through the aid which they give, several students have been able to complete a second year of college work.

Nor should we fail to speak with gratitude of the continued courtesy of the heads of the hospitals and training schools of New York City. The college has come to rely upon them for unfailing kindness to our students, and for generous coöperation in the furtherance of this division of its work.

Miss Goodrich announced that a conference on the Grading of Nurses had been held recently between a committee of the American Hospital Association and representatives from our three national organizations, Miss Greener and Miss Crandall,—Miss Riddle, the third member of our committee not being able to be present. Miss Crandall was asked to read a report of the conference and did so, the conclusion being that registration of nurses creates, in itself, a classification and no further one is needed. The report as read by Miss Crandall was accepted.

The report of the Committee on Resolutions was then given by the chairman, Miss Clayton.

REPORT OF THE COMMITTEE ON RESOLUTIONS

WHEREAS the program prepared for the Convention of 1916 represents a contribution on the part of scores of women already overburdened with the duties of their own positions, and

WHEREAS the papers and discussions have brought us all inspiration and suggestion for renewed effort and progress during the coming year, in every line of nursing work,

Be it resolved that appreciation be expressed to all who have participated in the program, to the chairman and acting chairman of committees, and to the executive officers for their untiring service in behalf of the American Nurses' Association,

WHEREAS the splendid success of the 1916 Convention has been largely due to the comprehensive plans and unceasing work of state and local committees on arrangements, and

WHEREAS our meetings have received generous and dignified recognition and interpretation from local and Associated Press representatives,

Be it resolved that the sincere gratitude of the American Nurses' Association be expressed to the local and Associated Press, to the local and state committees of nurses, especially to Miss Wall and her associates, to the training schools of the city which have furnished such efficient ushers, to the Grunewald Hotel and to the Y. M. H. A. for their cordial hospitality and to the Women's Federated Clubs and the Sisters of Charity for their special contributions to our pleasures.

WHEREAS the Revision Committee has given almost unlimited time and thought and personal service both to the task of rewriting the Constitution and By-Laws and to the far greater task of interpreting the changes and the necessity for them, to the members,

Be it resolved that the American Nurses' Association, the National League of Nursing Education and the National Organization for Public Health Nursing, separately and collectively, acknowledge their debt of gratitude to the Committee.

WHEREAS the nurses who have attended the sessions on the revision of Constitution and By-laws realize the inadequacy of words to express their debt to the Committee, but

WHEREAS the further task of interpretation to our local associations remains to be accomplished,

Be it resolved that we undertake this task with the same devotion and patience shown by the Committee on Revision and thus render effective their service to all the national associations.

WHEREAS during the past year death has removed the following honorary, permanent and charter members of the Association: Annie Damer, Adeline Henderson, Luella Bristol and Isabel Merritt,

Be it resolved that this Association express its sincere regret and a deep sense of loss in the deaths of these members, and

Be it further resolved that a copy of this resolution be spread upon the minutes of the Association.

WHEREAS the American Nurses' Association feels a sense of real loss in the deaths during the past year of Dr. Henry Baird Favill and Dr. Theodore Sachs, both of Chicago,

Be it resolved that this Association express its sincere appreciation of their understanding, their unfailing sympathy, their ready assistance in all nursing problems, and their personal service in behalf of many women of our profession, and

Be it further resolved that a copy of this resolution be spread upon the minutes of the organization and a copy sent to the family of each.

WHEREAS bills relating to Health Insurance have been brought before several state legislatures during the past year, and

WHEREAS the enactment of such bills will, by their inclusion of nursing care among their benefits, constitute America's great contribution to the whole question of insurance against sickness,

Be it resolved that the American Nurses' Association urge the legislatures in the states in question to appoint commissions to make a thorough study of the possibilities of Health Insurance, and

Be it further resolved, that the American Nurses' Association urge its members to make a serious study during the coming year of the problem of Health Insurance in its local and national aspects, in order that we may intelligently discuss the matter in our own communities and elsewhere at our subsequent meetings.

WHEREAS the American Nurses' Association, the National League of Nursing Education and the National Organization for Public Health Nursing, representing 35,000 professional women, are vitally interested in problems relating to women in industry and the effect of industry upon women, especially from the standpoint of health.

Be it resolved that these organizations register their hearty approval of the Jones Bill, S. 5408, creating a Woman's Division in the Department of Labor, and

Be it further resolved that a copy of this resolution be sent the author of the bill and also the Committee on Education and Labor of the Senate, to whom the bill has been referred.

WHEREAS the American Nurses' Association values most highly postgraduate study for nurses in preparing them to give their best service in any line of work, and

WHEREAS it also realizes that it is exceedingly difficult for many nurses to finance such preparation without some form of assistance,

Be it resolved that the American Nurses' Association express its appreciation to Mrs. William Church Osborn for her recent gift of $5000 and to all the nurses

of the country who have so generously responded to the call for subscriptions to the Robb Memorial Scholarship Fund.

On motion of Mrs. Twiss, these resolutions were unanimously adopted.

Miss Russell read a synopsis of the work accomplished by the various round tables:

SYNOPSIS OF ROUND TABLES

Eleven round tables have been held for American Nurses' Association members and all have been attended by at least fifty members. The chairman of the Round Table was asked to serve by the Program Monitor and a secretary was chosen to take the minutes. The discussions were informal but very interesting, and often illuminating.

Miss Dock of Louisville presided at the round table on Hourly Nursing and the discussion followed the lines of Miss Wrigley's report which you have already heard.

St. Barnabas Guild requests that the Program Committee announce a round table for them in the program for each meeting.

The round table on the Preferable Organization for Private Duty Nurses agreed that it was most desirable that all members use every effort to stimulate registration and uphold the present organizations of nurses, not entirely private duty associations.

Coöperative Home-keeping brought out information regarding club houses in Chicago and New York and various successes in cooperation in other cities.

Two round tables on Directories brought out interesting questions regarding methods of record keeping and financing the directory, and showed distinctly that while many of our problems are mutual, the method of solving them is necessarily local. The concensus of opinion favored a directory definitely controlled by a nurses' association.

Miss Dozier of California presided over a round table on the subject of Nurses on Boards of Hospitals and they recommend that this be encouraged.

At the round table on Anesthesia, after thorough discussion, it was resolved that no nurse should make a practice of giving anesthetics except one who has had a special training along this line, except, of course, in cases of emergency obstetrics, etc.

The round table announced for Legislative Work was consolidated with the adjourned meeting of Boards of Examiners.

The American Nurses' Association united with the other associations for the Mental Hygiene round table and wishes to recommend increased

interest in the development of scientific care and attention for the mentally sick.

Miss Goodrich announced that one section had been definitely established, that on Private Duty Nursing, and asked for a report from the chairman, Miss Ott.

Miss Ott: Outside of the Round Tables, the report is not long, I feel the interest is itself apparent to all that are here. This section is going to be a formally organised section of the American Nurses' Association. The vice-chairman will be Miss Daspit, the treasurer is to be Miss Sperry, of Indiana; the secretary, Mrs. Peterson of California, and Miss Sly, of Michigan, will be parliamentarian. I myself will act as chairman for the coming year.

The report of the Mental Hygiene Section was read by Miss Dorsey, in the absence of the chairman, Miss Thomson.

The report from the Boards of Examiners was presented by Miss Francis, as follows:

REPORT OF BOARDS OF EXAMINERS

Special conferences of state boards of examiners were held on Monday, May 1, and on Wednesday, May 3, Miss Jamme presiding. So many interesting and vital questions were presented, and the discussions relative to them were so free and so extensive, that a skeleton only of these topics which seem to be most important, can be embodied in this report. Discussion was taken up by representatives from the following states: California, Colorado, Georgia, Illinois, Kentucky, Louisiana, Michigan, Indiana, Nebraska, Montana, New Jersey, New York, Pennsylvania, Virginia, Ohio, Wisconsin, Mississippi. The question of the preliminary education requirement of applicants for State Registration and the filing of a detailed statement of the same with the Board of Examiners, received the close attention of the members, also the standardization of requirements and reciprocity. Some states require the applicants to have completed their practical and theoretical work before they can be presented for examination for state registration; in other states they may take the examination within ninety days; and in another, within sixty days, of the completion of the practical work. In this connection the number of times applicants may come up for reëxamination, was discussed. The method of grading accredited training schools received consideration and the form used for this purpose by the Board of Louisiana was explained by the secretary, Dr. Bahn. Discussion was taken up on the constitutionality of the compulsory law and the methods of enforcing

such a law. Two prosecutions were reported from Montana, one concerning a correspondence school and the other a question of moral standing. These were defeated in the District, but were upheld in the Supreme Court. Six states having compulsory laws believe that they register more nurses than would be the case under a non-compulsory law. It was thought by many that the compulsion should come from within and not from without, that if the necessity for registration were a part of the education of the nurse in the school and if registration were one of the requirements made by institutions and by associations of graduates holding any position, compulsory laws would not be necessary. By others it was thought that in order to raise the standards of the small schools, especially the commercial schools, compulsory registration should be required. In this connection, it was urged that the "R.N." be more universally used. In those states where the laws are not at present open for further legislative action, it was thought wise to defer such action until the requirements can be standardized, and reciprocity placed on a more equable basis. These discussions in detail will be sent to the chairman of the Legislative Committee, Anna C. Jamme, State Board of Health, Sacramento, California, and copies can be obtained from that office.

Miss Goodrich: That is a very interesting report and as one listens to it and considers the many other questions of legislation that are coming up, one foresees that this committee in the future will be a very important one. I think it will be the feeling of all that these laws which we are very closely concerned with, such as labor laws, health insurance, the laws governing child labor, and laws for working hours for women, should be given careful consideration by this great body through the Legislative Committee, and if they come to be recommended by any section we should be able to take them up, pass on their advisability and express an opinion; because the influence of such a large body of professional women should carry some weight in those matters. So we see that the Legislative Committee of the future will carry a heavy burden of responsibility.

I would like you to consider now the invitations. The Secretary has a large number that she might read, but if you prefer she can give you a summary of those invitations.

On motion of Miss Hilliard, the summary only was given, invitations for the 1917 convention being read by title from the following places: Arkansas, Baltimore, Cincinnati, Cleveland, District of Columbia, Philadelphia, Providence. The secretary explained that Cleveland was giving the invitation for the second time and Philadelphia for the third. On motion of Miss Hilliard the invitation to Philadelphia was accepted.

According to the by-laws, two members of the Nominating Committee for the coming year were appointed by the chair: Louise M.

Powell of Minneapolis and Emma L. Wall of New Orleans; and three were chosen from the floor: Rose W. Scott of Pennsylvania, Emma M. Nichols of Boston and Joanna O'Connor of Louisville.

Miss Goodrich announced that she had been asked to appoint members from the American Nurses' Association to serve on joint committees from the three national organizations on Social Hygiene and on Health Insurance. She had, therefore, appointed Carolyn van Blarcom to the Committee on Social Hygiene and Martha M. Russell to the Committee on Health Insurance.

The report of the tellers was given by the chairman, Miss Nichols, who reported that the following candidates for office had received the highest number of votes, 403 votes having been cast, and 401 counted: president, Annie W. Goodrich; first vice-president, Adda Eldredge; second vice-president, Elsie M. Lawler; secretary, Katharine DeWitt; treasurer, Mrs. C. V. Twiss; directors, Dr. Helen P. Criswell, S. Lillian Clayton. On motion of Miss Robinson the report of the tellers was accepted.

In accepting office again, Miss Goodrich said, in part, "I want again to thank you for the support you have given to me and to the members of the Revision Committee during this very difficult session; we are all going away inspired by your very earnest coöperation in our efforts to reorganize. It has been an immense and will be an enduring inspiration during the coming year. We are going to have a difficult year, I think, because we have to go back and explain this rather difficult revision to our members; but when I have noticed how you have gathered together with the members of the Revision Committee, how you have so willingly given your time to what to most of you must have seemed an unreasonably complicated change, I cannot but feel sure that during the coming year we shall advance very rapidly and shall come together next year with many states having worked out the problem in the very best way."

The other officers who were present expressed their appreciation of their election or reëlection. A rising vote of thanks was given to the retiring officers and to the local committee of arrangements, after which the convention adjourned.

IMPORTANT ANNOUNCEMENTS

(As this issue of the JOURNAL is devoted to the papers and proceedings of the American Nurses' Association, all news items are held over until the July issue in which they will appear in abridged form.—ED.)

STATE BOARD EXAMINATIONS

DELAWARE

A stated meeting of The Delaware State Board of Examiners of Graduate Nurses, will be held in The Delaware Hospital, at Wilmington, Del., on Monday, June 5, 1916, at 10 A.M.

"Any nurse who wishes to practice nursing in Delaware as a trained, graduate, professional or registered nurse, must take the State Board Examination at the regular semi-annual meetings on the first Mondays in June and December. Any one practicing as such without certificate of said Board is guilty of misdemeanor and subject to a fine of five hundred ($500) dollars."

This law will be enforced.

AMY G. ALLEN, R.N., *Secretary.*

J. HARMER RILE, M.D. *President.*

KANSAS

The semi-annual examination of the State Board of Examination and Registration of Nurses will be held in Topeka, July 11, 12. Applications must be on file with the secretary fifteen days prior to this date.

MAYME M. CONKLIN, *Secretary-Treasurer,*
832 Lincoln St., Topeka.

MISSISSIPPI

The Mississippi State Board of Examiners of Nurses will hold an examination for state registration at the State Capitol, Jackson, July 3 and 4, beginning at 10 A.M. Information and application blanks can be obtained from the secretary,

MARY H. TRIGG, Greenville.

MONTANA

The Montana State Board of Examiners for Nurses will hold its annual meeting at the Capitol, Helena, June 12, 13, 14, 1916. Examinations of applicants for registration and other important business matters will be considered at this time.

MRS. N. LESTER BENNETT, *Secretary-Treasurer,*
Butte.

VIRGINIA

The Virginia State Board of Examiners for Nurses will hold its semi-annual examination at the Medical College, corner 12th and Clay Streets, Richmond, on June 27, 28 and 29, 1916. Applications, with the registration fee of $5.00, must be filed with the secretary not later than June 17.

JULIA MELLICHAMPE, R.N., *Secretary-Treasurer,*
821 Westover Ave., Norfolk.

OFFICIAL DIRECTORY

The American Journal of Nursing Company.—*President*, Clara D. Noyes, R.N., Bellevue Hospital, New York. *Secretary*, Minnie H. Ahrens, R.N., 104 South Michigan Avenue, Chicago, Ill. *Editor*, Sophia F. Palmer, R.N., 45 South Union Street, Rochester, N. Y.

The American Nurses Association.—*President*, Anne W. Goodrich, R.N., Teachers College, Columbia University, New York. *Secretary*, Katharine DeWitt, R.N., 45 South Union Street, Rochester, N. Y. *Treasurer*, Mrs. C. V. Twiss, R.N., 419 West 144th Street, New York, N. Y. Annual convention to be held in Philadelphia, Pa., 1917.

The National League of Nursing Education.—*President*, Sara E. Parsons, R.N., Massachusetts General Hospital, Boston, Mass. *Secretary*, Effie J. Taylor, R.N., Johns Hopkins Hospital, Baltimore, Md. *Treasurer*, Mary W. McKechnie, R.N., Episcopal Hospital, Philadelphia, Pa. Annual meeting to be held in Philadelphia, Pa., 1917.

The National Organization for Public Health Nursing.—*President*, Mary F. Beard, R.N., 551 Massachusetts Avenue, Boston, Mass. *Secretary*, Ella Phillips Crandall, R.N., 25 West 45th Street, New York City. Annual meeting to be held in Philadelphia, Pa., 1917.

National Committee on Red Cross Nursing Service.—*Chairman*, Jane A. Delano, R.N., American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—*Superintendent*, Dora E. Thompson, R.N., Room 3451 War Department, Washington, D. C.

Navy Nurse Corps, U. S. N.—*Superintendent*, Lenah S. Higbee, M.L.A., R.N., Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

Isabel Hampton Robb Memorial Committee.—*Chairman*, Adelaide Nutting, R.N., Teachers College, New York City. *Treasurer*, Mary M. Riddle, R.N., Newton Hospital, Newton Lower Falls, Mass.

Relief Fund Committee.—*Chairman*, Mrs. W. L. Crass, Montesano, Wash. *Treasurer*, M. Louise Twiss, R.N., 419 West 144th Street, New York City.

Committee on Revision. *Chairman*, Sarah E. Sly, R.N., Birmingham, Mich.

National Bureau on Legislation and Information.—*Chairman*, Mary C. Wheeler, R.N., 509 Honore Street, Chicago, Ill.

Department of Nursing and Health, Teachers College, New York.—*Director*, M. Adelaide Nutting, R.N., Teachers College, Columbia University, 120th Street, New York City. *Assistant Professor*, Anne W. Goodrich, R.N., Teachers College, New York City.

Alabama.—*President*, Margaret Hutton, 509 S. Court Street, Montgomery. *Secretary*, Helen MacLean, 2430 Eleventh Avenue, North, Birmingham. *President examining board*, Lemoyne Phares, Mobile. *Secretary*, Helen MacLean, 2430 Eleventh Avenue, North, Birmingham.

Arkansas.—*President*, Frankie Hutchinson, R.N., 2716 West 6th Street, Little Rock. *Corresponding secretary*, Annie Bremyer, R.N., 1023 Parker Avenue, Argenta. *President examining board*, Belle McKnight, R.N., Davis Hospital, Pine Bluff. *Secretary-Treasurer*, Mrs. F. W. Aydlett, 1200 Park Avenue, Little Rock.

California.—*President*, Helen P. Criswell, R.N., 281 Edgewood Avenue, San Francisco. *Secretary*, Mrs. Benjamin Taylor, R.N., 126 Ramsell Street, Ocean View, San Francisco. *Director, Bureau of Registration of Nurses*, Anna C. Jammé, R.N., State Board of Health, Sacramento.

Colorado.—*President*, Mrs. C. A. Black, R.N., 2315 Greenwood Avenue, Pueblo. *Secretary*, Louise Perrin, R.N., 4307 Decatur Street, Denver. *President*

examining board, Lettie G. Welch, R.N., Nunn, Weld Co. *Secretary*, Louise Perrin, R.N., State House, Denver.

Connecticut.—*President*, Mary G. Hills, R.N., 200 Orange Street, New Haven. *Secretary*, Harriet E. Gregory, R.N., 107 Clowes Terrace, Waterbury. *President examining board*, Lauder Sutherland, R.N., Hartford Hospital, Hartford. *Secretary*, R. Inde Albaugh, R.N., Pleasant Valley.

Delaware.—*President*, Mrs. Anna V. Ruthven, R.N., 518 East 8th Street, Wilmington. *Corresponding secretary*, Anna M. Hook, R.N., 9 East 12th Street, Wilmington. *President examining board*, J. Harmer Rile, M.D., 617 Delaware Avenue, Wilmington. *Secretary-treasurer*, Amy G. Allen, R.N., Apartment 1, 623 Broome Street, Wilmington.

District of Columbia.—*President*, Sallie F. Melhorn, R.N., 1311 14th Street, Washington, D. C. *Corresponding secretary*, Mrs. Lenah S. Higbee, R.N., 1757 K Street, N.W., Washington. *President examining board*, Lily Kanely, R.N., 818 18th Street, Washington, D. C. *Secretary-treasurer*, Helen W. Gardner, R.N., 1337 K Street, N.W., Washington, D. C.

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Georgia.—*President*, Alberta Dosier, Wesley Memorial Hospital, Atlanta. *Corresponding secretary*, Jessie M. Candlish, 1026 Candler Building, Atlanta. *President examining board*, Ella M. Johnstone, R.N., 209 West 35th Street, Savannah. *Secretary and treasurer*, Jane Van de Vrede, 801 Price Street, Savannah.

Idaho.—*President*, Anna Daly, 521 North 6th Street, Boise. *Secretary*, Emma Amack, R.N., 135 Warm Springs Avenue, Boise. *President examining board*, Mrs. Mabel S. Avery, R.N., 313 South 4th Street, Boise. *Secretary-treasurer*, Mariet S. Humphreys, care Hospital, Soldiers' Home, Boise.

Illinois.—*President*, Minnie H. Ahrens, R.N., 104 South Michigan Avenue, Chicago. *Secretary*, Mrs. W. E. Bache, R.N., 6168 Winthrop Avenue, Chicago. *President examining board*, Adelaide Mary Walsh, R.N., 153 E. Chicago Avenue, Chicago. *Secretary and treasurer*, Anna Louise Tittman, R.N., State Capitol, Springfield.

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